

Name  
in  
Full

Edward Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

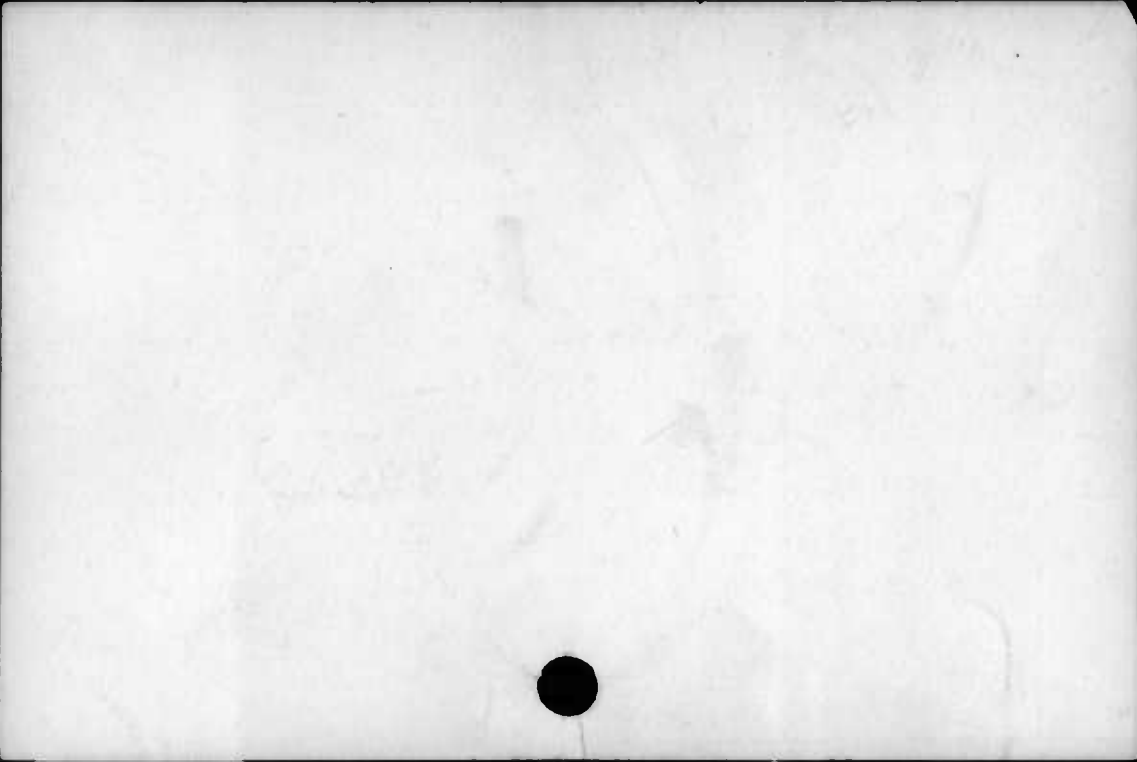
Died at <b>S. Cumberland</b> <small>Town</small>		<b>Allegany</b> <small>County</small>		MARYLAND	
Date of death <b>1908</b>	<b>April</b> <small>Month</small>	<b>29</b> <small>Day</small>	<b>6</b> <small>Year</small>	<b>—</b> <small>Months</small>	<b>4</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>Colored</b>	Birth-place <b>Allegany Co.</b>			
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>George Allen</b>		Father's Birthplace <b>W. Va.</b>			
Mother's Maiden Name <b>Elizabeth Duke</b>		Mother's Birthplace <b>W. Va.</b>			
Name of person giving information <b>Elizabeth Duke Allen</b>		How related to deceased <b>Mother</b>			

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<b>Broncho-pneumonia</b>	How long <b>2 wks</b>
Immediate	<b>Exhaustion</b>	How long <b>2 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Dr. L. P. Owens</b>
		Address <b>Cumberland Md</b>
Accident or Suicide? <b>—</b>		



Name  
in  
Full

Elizabeth Armstrong

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death		Month Apr.		Day 18		Years 44	
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth- place		Pennsylvania	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Samuel Armstrong	
Father's Name		Henry Lewis		Father's Birthplace		Wales	
Mother's Maiden Name		Elizabeth Upton		Mother's Birthplace		Wales	
Name of person giving Information		Thos. J. Williams		How related to deceased		Bro. in law.	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cancer of liver	How long	Not known
Immediate	Anemia	How long	One year
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Abbott R. Walker	
Address		Frostburg.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barton</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>23</i>	Age <i>57</i>	Months <i>10</i> Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>W. Va</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret Shatzer</i>				
Father's Name <i>Bazel Athey</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Rebecca Sargent</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Estella Robertson</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>3 days</i>
Immediate <i>Convulsions &amp; Coma</i>	How long <i>About 8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Boucher</i>
	Address <i>Barton, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Fannie Bear.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

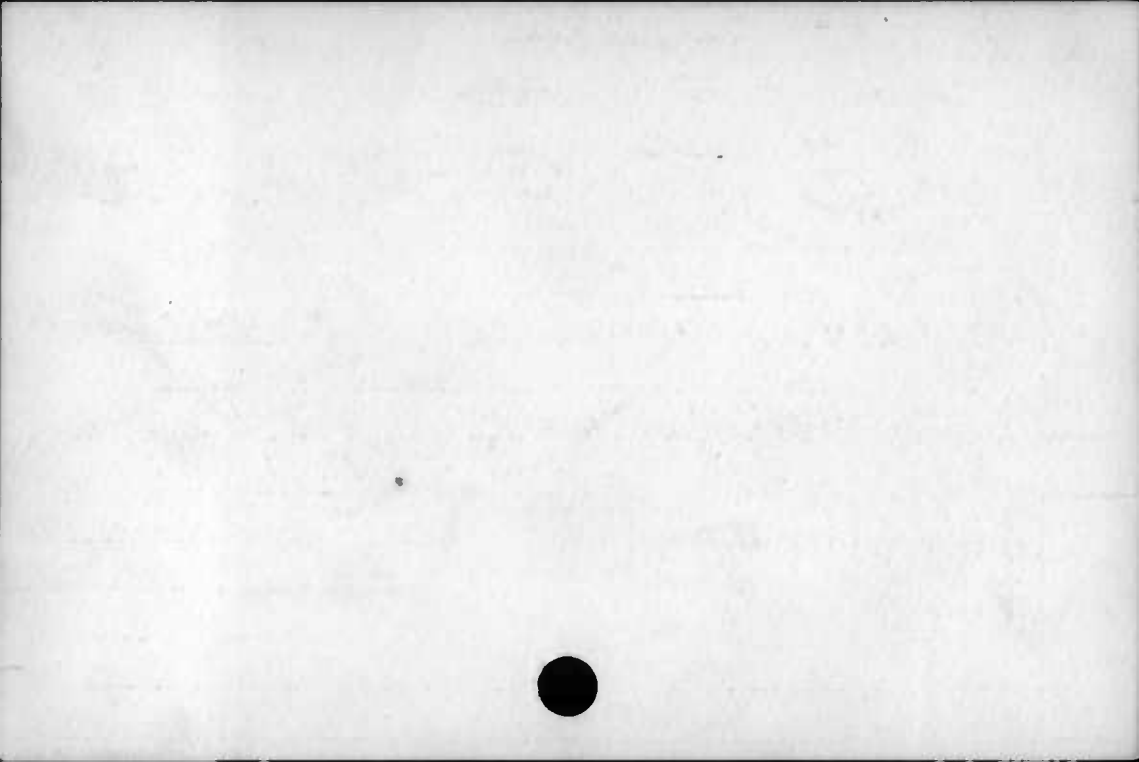
Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>14</i>	Years <i>45</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Russia</i>			
Occupation <i>Wife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>David Bear</i>				
Father's Name <i>Jacob Morgan</i>	Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Jillia Fox</i>	Mother's Birthplace <i>Russia</i>				
Name of person giving information <i>David Bear</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Nephritic Abscess</i>	How long <i>(?)</i>
Immediate <i>Suppression of urine</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James T. Johnson M.D.</i>
<i>Stein</i>	Address <i>Cumberland Md.</i>
Accident or Suicide? <i>-</i>	





Name  
in  
Full

Frank Bowser

## CERTIFICATE OF DEATH

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NEAREST FRIEND

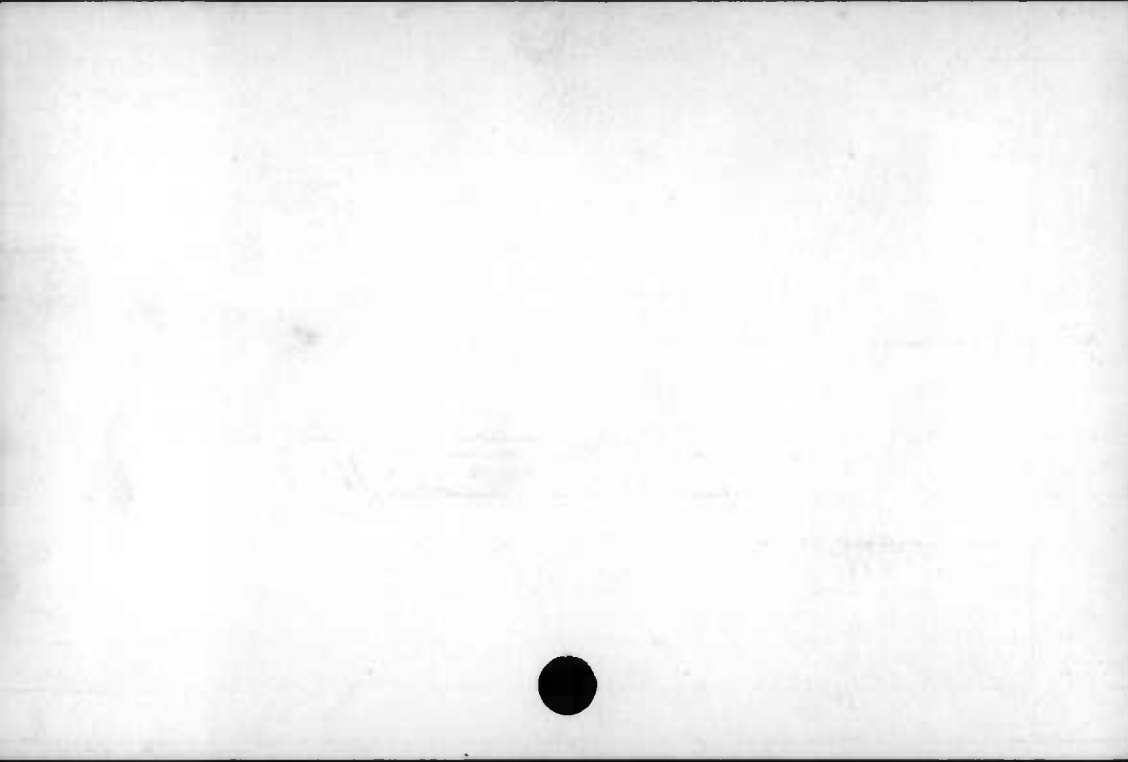
Died at <u>Allegheny Co</u> <sup>Town</sup>		<u>So</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	4	Day	22
Age		Years	30	Months	
Sex	Male	Color or Race	White	Birth-place	Garret Co Md
Occupation	Farmer				
Where Residing if not at place of death					
Married <del>Single</del>		Name of Wife or Husband <u>Unknown to me</u>			
Father's Name		<u>unknown</u>		Father's Birthplace <u>unknown</u>	
Mother's Maiden Name		<u>"</u>		Mother's Birthplace <u>"</u>	
Name of person giving information		<u>J B Landenbach</u>		How related to deceased <u>none</u>	

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary	<u>Appendicitis</u>	How long	<u>3 days</u>
Immediate	<u>Rupture &amp; collapse</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
Signature of Physician		<u>H. O. Londerbaugh</u>	
Address		<u>Addison Pa</u>	
Accident or Suicide?			



Name in Full		Harold C Boyd				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cumberland	County Allegany	MARYLAND		
		Date of death		1908	Month Apr.	Day 28	Age —	Years —
		Sex		Male		Color or Race	White	
		Occupation		none		Birth-place	Cumberland	
						Where Residing if not at place of death		—
		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		Isaac D. Boyd		Father's Birthplace		
		Mother's Maiden Name		Mable C Chiles		Mother's Birthplace		
		Name of person giving information		Isaac D Boyd		How related to deceased		
				CAUSES OF DEATH		(6)		
PHYSICIAN OR CORONER		Primary		Measles		How long		
						3 days		
		Immediate		Convulsions		How long		
						Few Hours		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		JH White
		Address		Cumberland Ind				
		Accident or Suicide?						

Margaret & Ruth

ap. 41-1-

Adam Ritter Jr.

Anna E. Enall Jr.

Dr Feltz

2/10/10 - 11-

Name  
in  
Full

Donald J. Burkholder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cumberland				Allegany			
Date of death	1908	Month	April	Day	29	Age	55
Sex		Color or Race		Birth place			
Male		White		Unknown			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Unknown					
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Dr. J. L. Owens		None					

CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	How long	4 wks
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. J. L. Owens	
		Address	
		Cumberland Md	
Accident or Suicide?			

Grantor's  
GJB

Name  
in  
Full

Hughy. Burns

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland <sup>Town</sup> Alleghany <sup>County</sup> MARYLAND

Date of death 1908 4 <sup>Month</sup> 13 <sup>Day</sup> Age 69 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex Male Color or Race White Birth-place Ireland

Occupation Conductor on R.R. Where Residing if not at place of death Cumberland

Married, Single or Widowed Married Name of Wife or Husband Margaret Ann Burns

Father's Name James Burns Father's Birthplace Ireland

Mother's Maiden Name Unknown Mother's Birthplace " " " "

Name of person giving information John T. Burns How related to deceased Son

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Organic Heart Disease How long 2 yrs

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. Swigg

Address Cumberland Md.

Accident or Suicide? —

Dr. Turig



Name  
in  
Full

Rose Ann Campbell

## CERTIFICATE OF DEATH

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NEAREST FRIEND

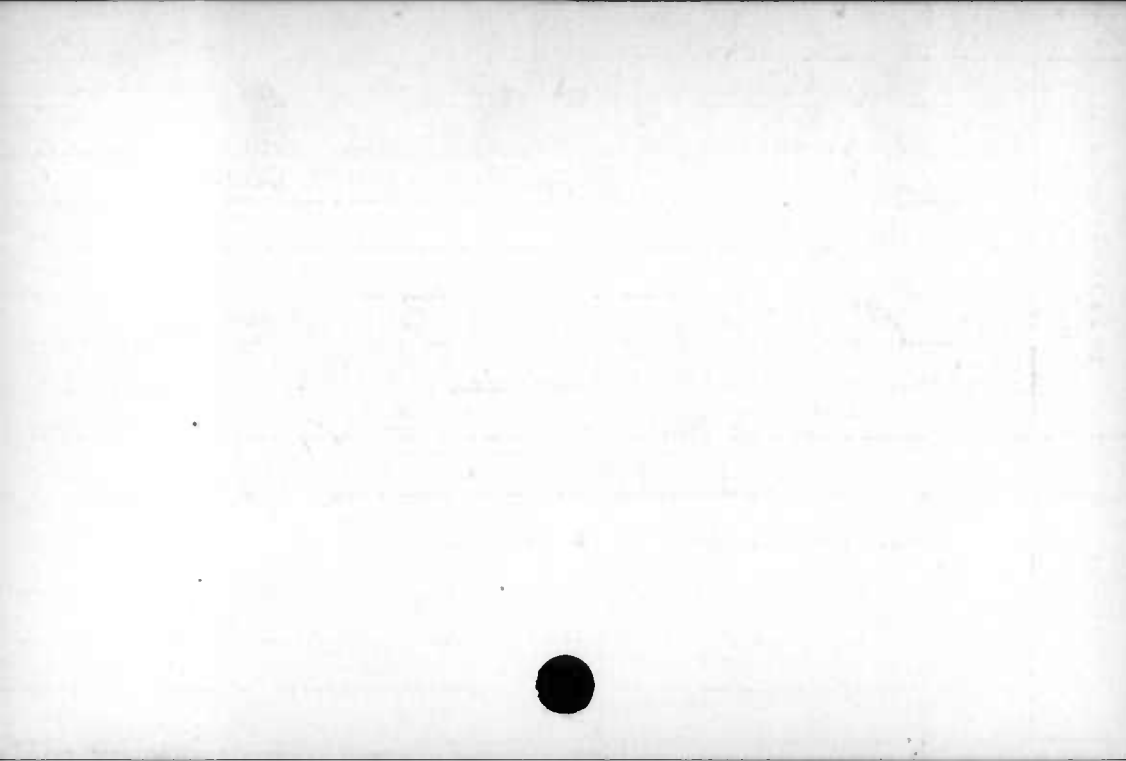
Died at		Town Mt Sagar		County Allegheny		MARYLAND	
Date of death	1908	Month April	Day 14	Age	Years 5-3	Months 8	Days
Sex	Female		Color or Race	White		Birth- place	Mt Sagar, W. Va.
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Patrick Campbell				Father's Birthplace	Ireland	
Mother's Maiden Name	Bridget Reilly				Mother's Birthplace	Ireland	
Name of person giving Information	Sarah Campbell				How related to deceased	Sister	

## CAUSES OF DEATH

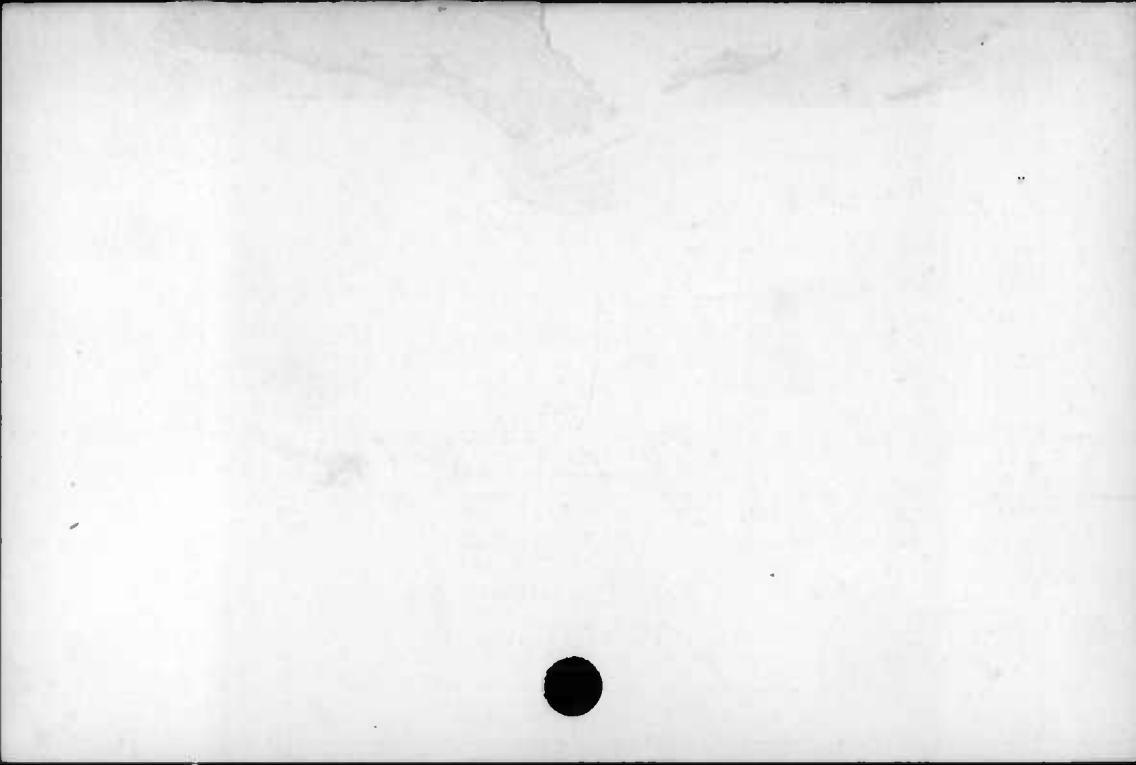
63

PHYSICIAN  
OR CORONER

Primary	Progressive Spinal Muscular Atrophy		How long	3 years
Immediate	Exhaustion		How long	2 months
Are the name, age, sex, color, date and place correctly given above?		y		
Signature of Physician		F. Alan G. Murray M.D.		
Address		Mt Sagar W. Va.		
Accident or Suicide?				



Name in Full		2 Thomas Coligan				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Eckhart Mines		Tow		County	
	Date of death		1908		Month		April	
			Day		13		Age	
			Years		2		Months	
			Days		6		Days	
	Sex		Male		Color or Race		White	
	Birth- place		Eckhart Md.		Where Residing if not at place of death		X X X X	
PHYSICIAN OR CORONER	Occupation		X X X X		Married, Single or Widowed		X X	
	Name of Wife or Husband		X X		Father's Name		Thomas Coligan	
	Father's Birthplace		Maryland		Mother's Maiden Name		Cassie Brady	
	Mother's Birthplace		Maryland		Name of person giving In formation		Blue Cinnwell	
	How related to deceased		X X		CAUSES OF DEATH		6	
	Primary		Measles -		How long			
Immediate		Pneumonia		How long		6. days		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Blue Cinnwell		
				Address		Eckhart Mines		
Accident or Suicide?						Md.		



Name  
in  
Full

Kasey Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

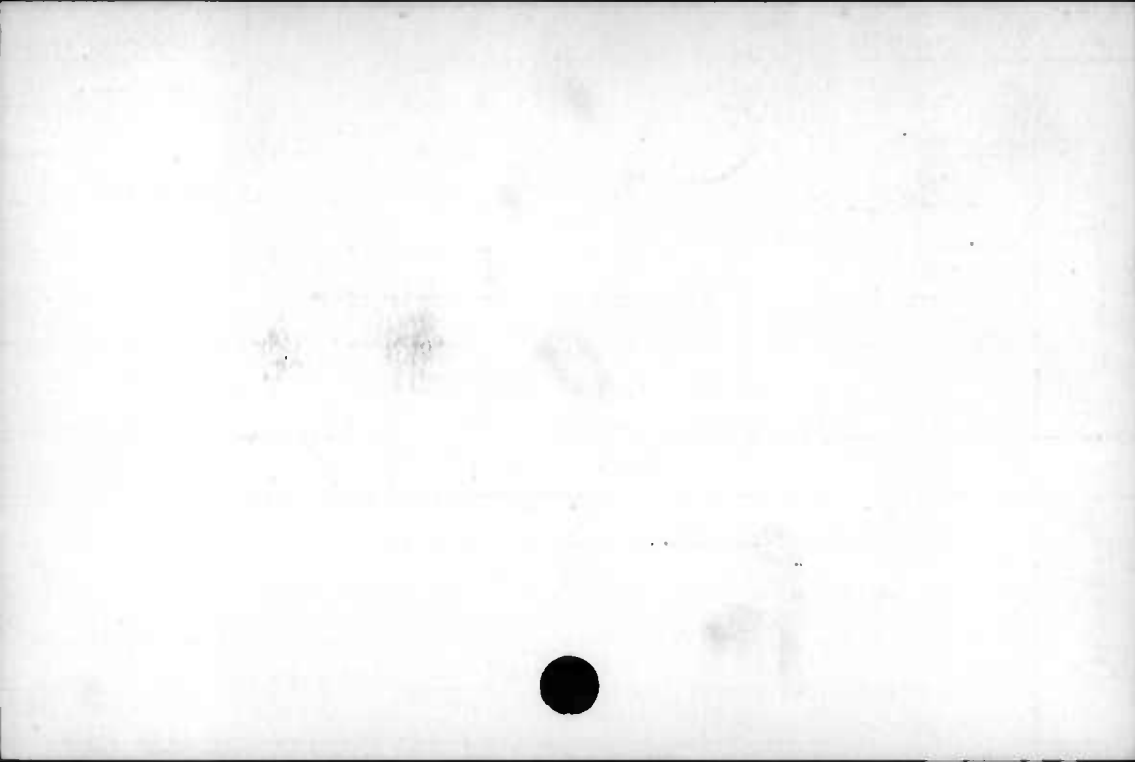
Died at		Town Mt Sarag		County Allegheny		MARYLAND	
Date of death	1908	Month April	Day 19	Age 49	Years 11	Months 17	Days
Sex	Female		Color or Race	White		Birth- place	Ind
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Yeace Collins			
Father's Name	Benj Johnson				Father's Birthplace	Pa	
Mother's Maiden Name	Tillie Elvin				Mother's Birthplace	Pa	
Name of person giving In formation	Yeace Collins				How related to deceased	Husband	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic nephritis	How long	2 years
Immediate	General Adrenal Exhaustion	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. Alan S Murray M.D.
		Address	Mt Sarag Ind
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

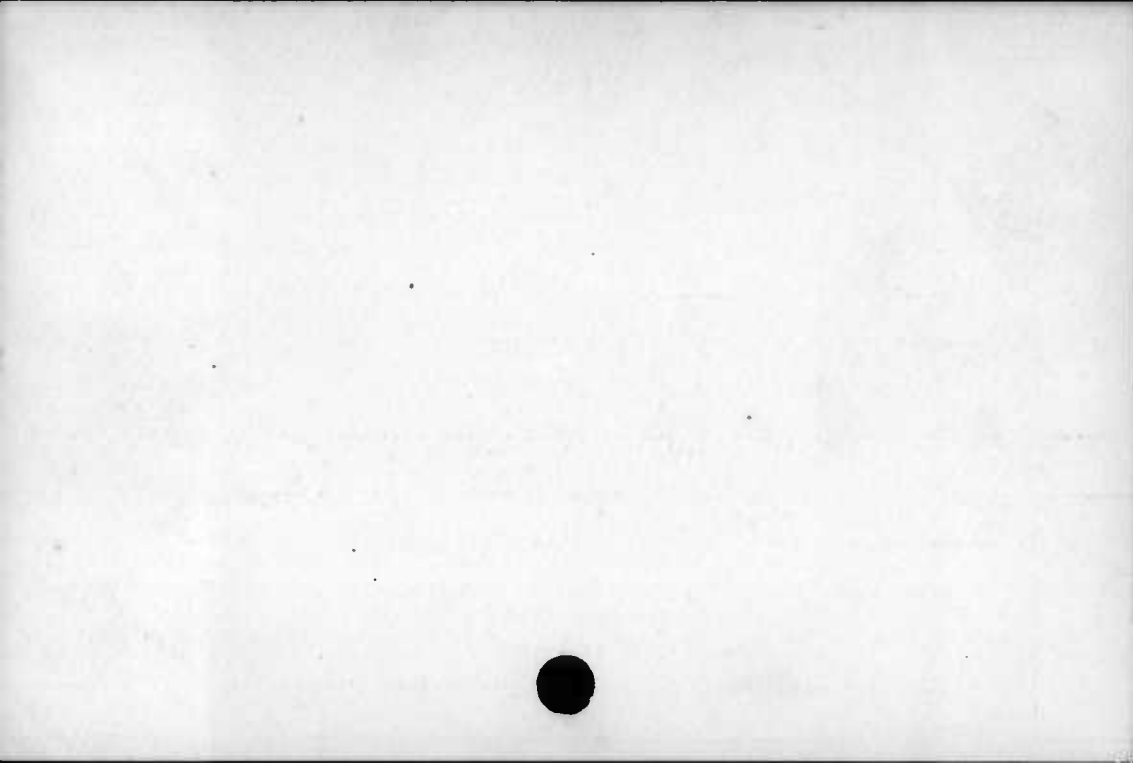
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1908	Month April	Day 15	Age 51	Years 10	Months 20
Sex Male		Color or Race white		Birth-place md			
Occupation ~		Where Residing if not at place of death ~					
Married, Single or Widowed ~		Name of Wife or Husband ~					
Father's Name Amos Conrad		Father's Birthplace Pa					
Mother's Maiden Name Emma Clayton		Mother's Birthplace Pa					
Name of person giving information Father		How related to deceased Father					

## CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary	Measles & Pneumonia	How long	1 week
Immediate	Pneumonia & Enteritis	How long	3 days
Are the name, age, sex, color, date and place correctly given above? ye		Signature of Physician Josh Braden	
		Address Cumberland md	
Accident or Suicide? N			





Name  
in  
Full

Nellie Elizabeth Corrick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Eum

Town

County

Alle

MARYLAND

Date

of death 1908

Month

April

Day

22

Age

Years

Months

14

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

---

Father's  
Name

G W Corrick

Father's  
Birthplace

West Va

Mother's  
Maiden Name

Mattie Row

Mother's  
Birthplace

West Va

Name of person giving  
In formation

G W Corrick

How related  
to deceased

Father

## CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary

Cerebral Spinal Meningitis

How long

14 days

Immediate

Same.

How long

14 days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

F. L. Baskdall

Address

132 Va. Ave -  
Cumberland, Md.  
Baskdall

Accident or Suicide?

Junior MVA

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John L Cozard

Tcwn

County

MARYLAND

Died at Cumberland

Alleghany

Date

Month

Day

Years

Months

Days

of death 1908

Apr

22

Age

24

Sex

Male

Color or  
Race

White

Birth-  
place

W. Va

Occupation

Train Checker

Where Residing if not  
at place of death

Grand ave

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Reuby Hinkel

Father's  
Name

Francis W. Cozard

Father's  
Birthplace

W. Va

Mother's  
Maiden Name

Sarah M. Wolf

Mother's  
Birthplace

W. Va

Name of person giving  
In formation

James H Cozard

How related  
to deceased

Brother

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary

Railroad accident

How long

Immediate

Hemorrhage

How long

2 1/2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

William R. Wood

Accident or Suicide?

Accident

116 Va. Ave. Cumberland Md.

Both legs crushed, one at hip, the other above ankle, pelvis  
fractured, fractured humerus.

Name

in  
Full

## CERTIFICATE OF DEATH

Bertha Dawson

Town

County

MARYLAND

Died at

Potomac

Alleg

Date

Month

Day

Years

Months

Days

of death

1908

April

28

Age

20

Sex

Female

Color or  
Race

White

Birth-  
place

West Va

Occupation

none

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

J. J. Dawson

Father's  
Birthplace

West Va

Mother's  
Maiden Name

Florence Miller

Mother's  
Birthplace

West Va

Name of person giving  
In formation

Isaac Dawson

How related  
to deceased

Brother

## CAUSES OF DEATH

6

Primary

Measles

How long

2 weeks

Immediate

Pneumonia

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Percival Sautz

Address

Alaska,  
Fairbanks, W. Va.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mt Zion Church in West Va

Name  
in  
Full

*Hattie H. Deetz,*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

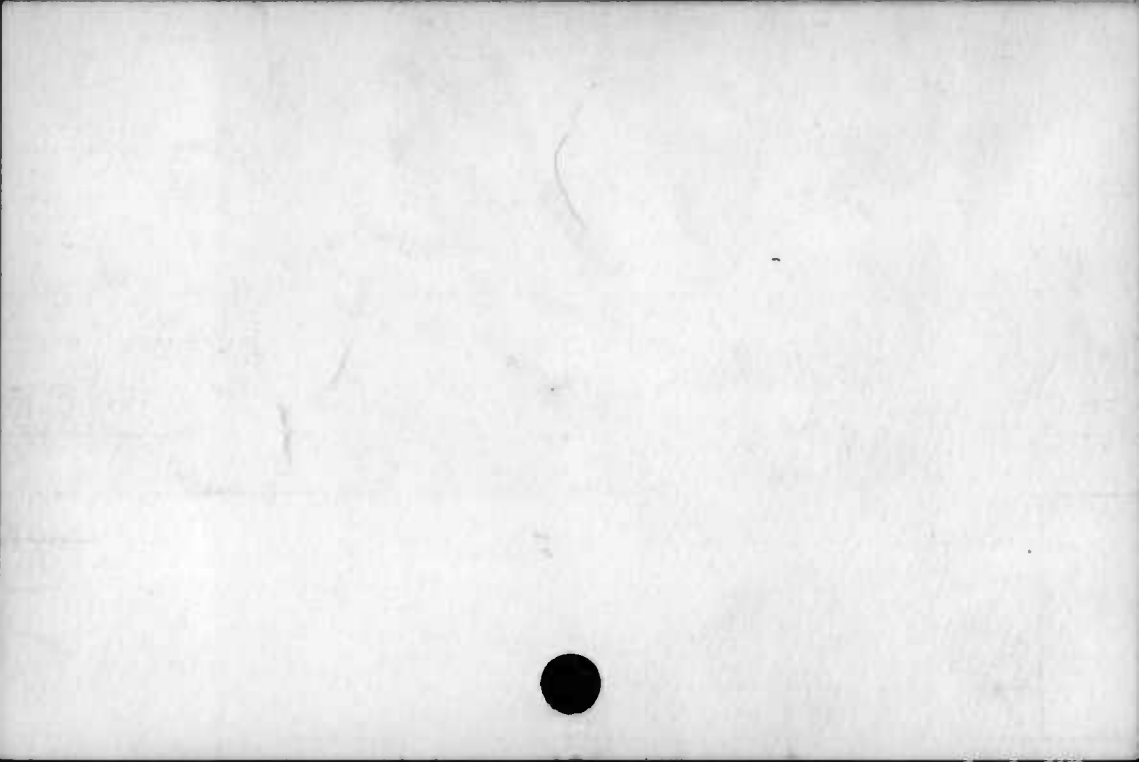
Died at *Cumbe* <sup>Town</sup> *Alleg.* <sup>County</sup>  
 Date of death *1908* <sup>Year</sup> *Apr.* <sup>Month</sup> *30* <sup>Day</sup> *73* <sup>Years</sup> *2* <sup>Months</sup> *—* <sup>Days</sup>  
 Sex *Female* Color or Race *White* Birth-place *Ind.*  
 Occupation *Housewife* Where Residing if not at place of death *—*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Wesley Deetz*  
 Father's Name *Robert Catron* Father's Birthplace *Don't Know*  
 Mother's Maiden Name *Catharine Smith* Mother's Birthplace *Pa*  
 Name of person giving information *Chas Deetz* How related to deceased *Son*

CAUSES OF DEATH

**68**

PHYSICIAN  
OR CORONER

Primary *Melancholia* How long *some years (5-7)*  
 Immediate *Exhaustion* How long *—*  
 Are the name, age, sex, color, date and place correctly given above? ☒  
 Signature of Physician *James T. Johnson, M.D.*  
 Address *Cumbe Land, Md.*  
 Accident or Suicide? ☒





Name  
In Full

Catharine Easter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberland		allergany		County		MARYLAND	
Date of death		1908		Month 4		Day 29		Age 82	
Sex		Female		Color or Race		white		Birth-place Morgan Co	
Occupation		None		Where Residing if not at place of death		Cumberland		wva	
Married, Single or Widowed		Widow		Name of Wife or Husband		Hiram Easter		Father's Birthplace Don't know	
Father's Name		Jacob Huff		Mother's Maiden Name		Katherine Surhan		Mother's Birthplace Don't know	
Name of person giving information		Mrs P. M. Roland		How related to deceased		Daughter			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary		Heart Disease		How long 2 years	
Immediate		Dropsey		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		F. L. Baskdole	
		Address		Cumberland	
Accident or Suicide?				Md.	

March  
27/72

Name  
in  
Full

Samuel J. Edwards.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

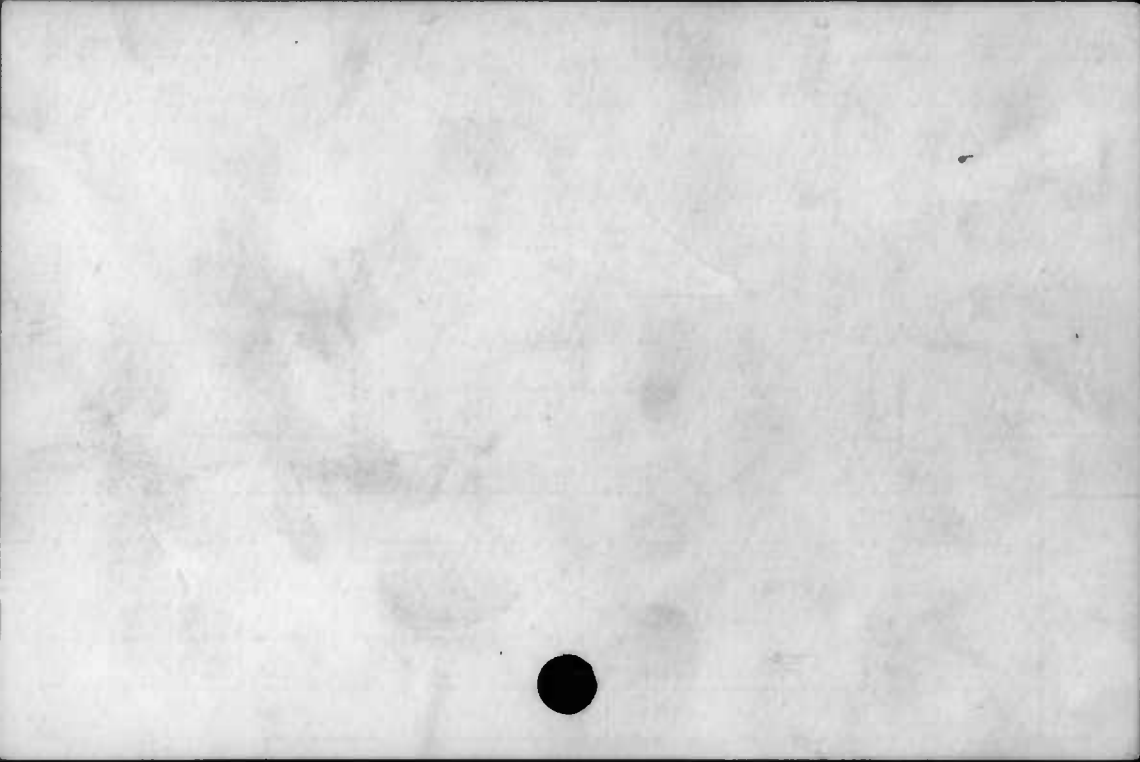
Died at		Town		County		MARYLAND	
Cumberland		Alleghany Co.,					
Date	Month	Day	Age	Years	Months	Days	
of death	1908	4	18	68			
Sex	Male		Color or Race	White		Birth-place	Cumberland
Occupation	Retired Merchant			Where Residing if not at place of death		Cumberland	
Married, Single or Widowed	Widowed		Name of Wife or Husband	Matilda E. Edwards			
Father's Name	John C. Edwards			Father's Birthplace	Cumberland		
Mother's Maiden Name	Mary Jackson.			Mother's Birthplace	Parkersburg, W. Va.		
Name of person giving information	Edith Fowler			How related to deceased	Daughter		

## CAUSES OF DEATH

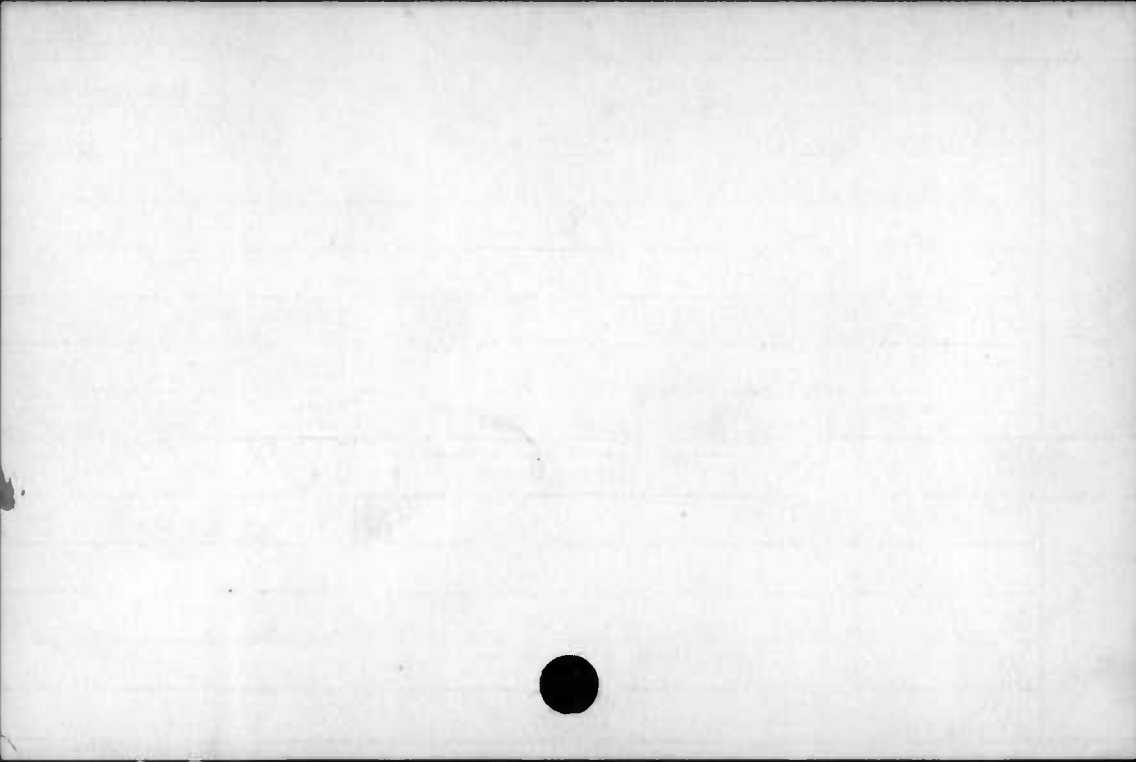
123

PHYSICIAN  
OR CORONER

Primary	Cerebral Cystitis	How long	3 weeks
Immediate	Nephritis suppur. Urin	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		James C. Johnson, M.D.	
		Address	
		Cumberland Md.	
Accident or Suicide?			







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Pogarety</i>		County <i>Alle</i>		State <i>MARYLAND</i>	
Died at <i>Home</i>		Date of death 1908 <i>April</i> <i>7</i>		Age <i>80</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James Pogarety</i>			
Father's Name <i>John Price</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Mary Ann Pogarety</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>3 days</i>
Immediate <i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James McGeehan</i>
	Address <i>Baltimore</i>
Accident or Suicide? <i>-</i>	<i>Widow</i>

may 17



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

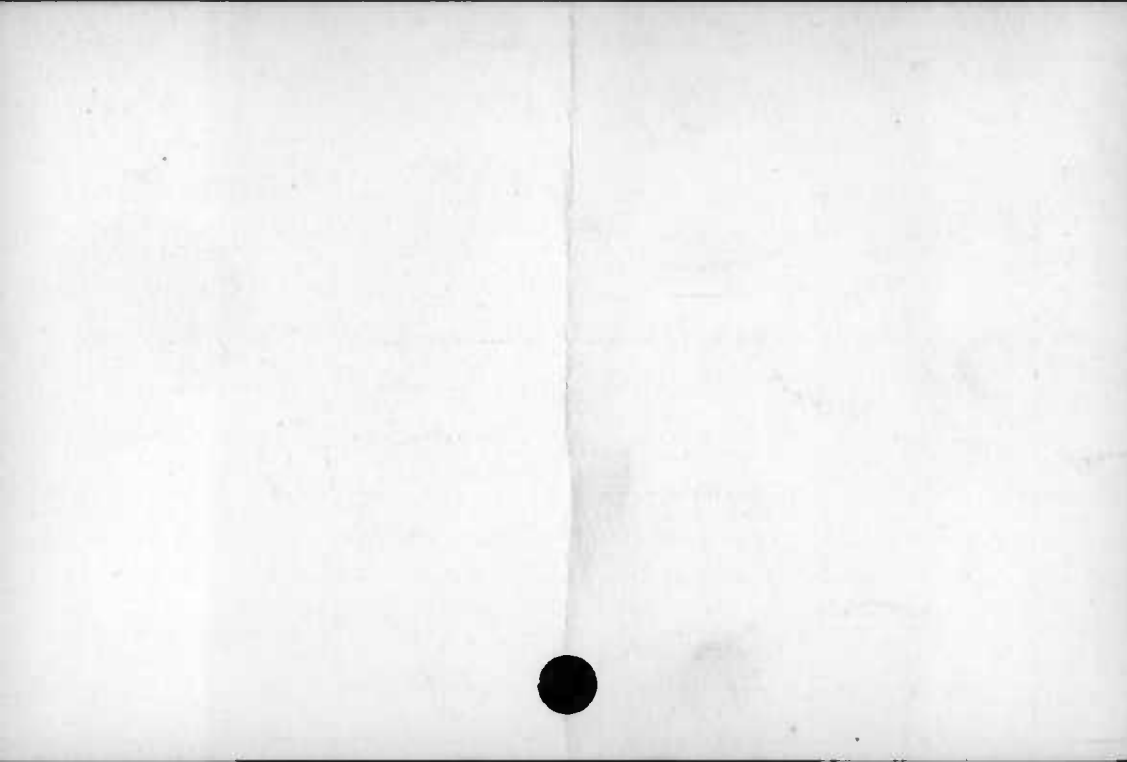
Name <i>Esty. J. France</i>		Town <i>Brady Station</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>4.</i>		Day <i>3.</i>		Years <i>11.</i>	
Date of death <i>1904</i>		Age <i>11.</i>		Months <i>6.</i>		Days <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>			
Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>H. L. France</i>		Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>Elizer M. Turing</i>		Mother's Birthplace <i>W. Va</i>					
Name of person giving information <i>Leather</i>		How related to deceased <i>_____</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Lung fever</i>	How long <i>10 days</i>
Immediate <i>_____</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. Cunningham</i>
	Address <i>Leather</i>
Accident or Suicide? <i>_____</i>	<i>MD</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Patience Gallagher*

Died at *Alumshouse* *Allegheny* *MARYLAND*

Date of death *1908* *Sept* *1* *Age* *67* *Months* *7* *Days*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Unknown* Where Residing if not at place of death *Unknown*

Married, Single or Widowed *Unknown* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Ireland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Ireland*

Name of person giving information *Peter Nelson* How related to deceased *No*

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary *Chronic Decease* How long *Unknown*

Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Twigg*

Address *Cumberland*  
*Md.*

Accident or Suicide? *No*

Andes

Name  
in  
Full

Inf. Chas. Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

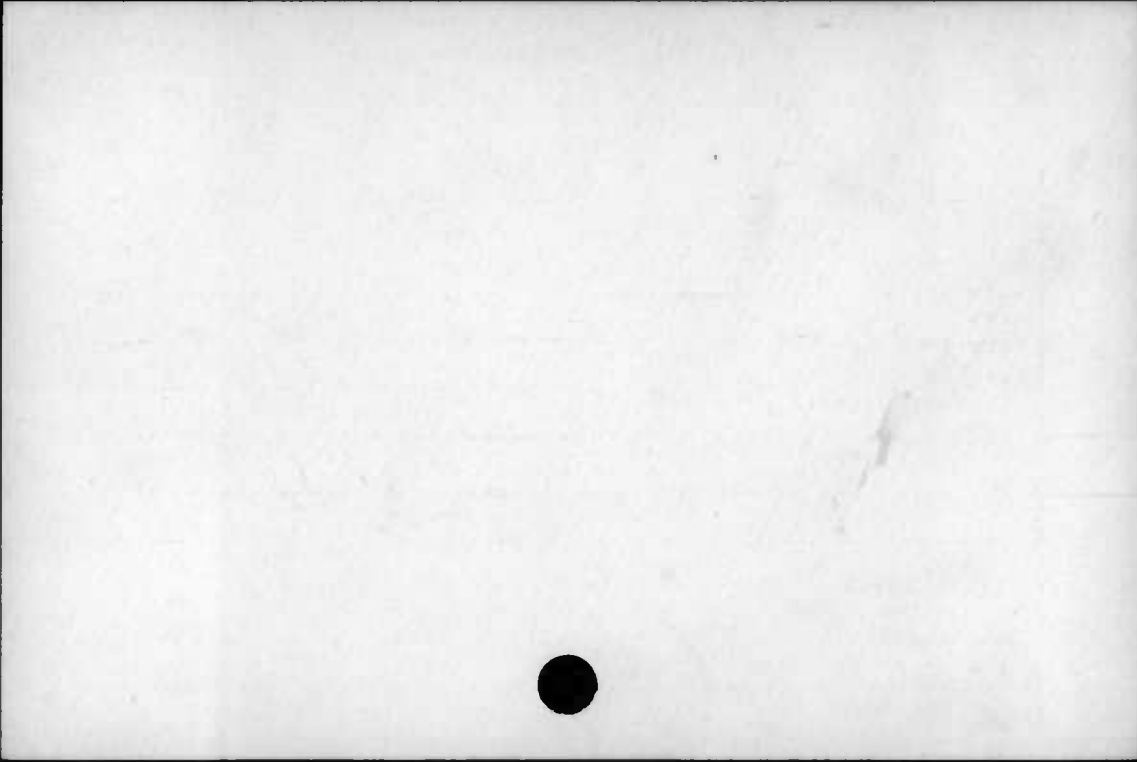
Died at <u>Cumuld</u> <sup>Town</sup>		<u>Alleg</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u> <sup>Month</sup> <u>Apr.</u> <sup>Day</sup> <u>29</u>		Age <u>—</u> <sup>Years</sup>		Months <u>—</u> Days <u>5</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Cumuld</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Chas. Green</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Maggie Wilson</u>	Mother's Birthplace <u>Borden S. Ind</u>				
Name of person giving information <u>Charles Green</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

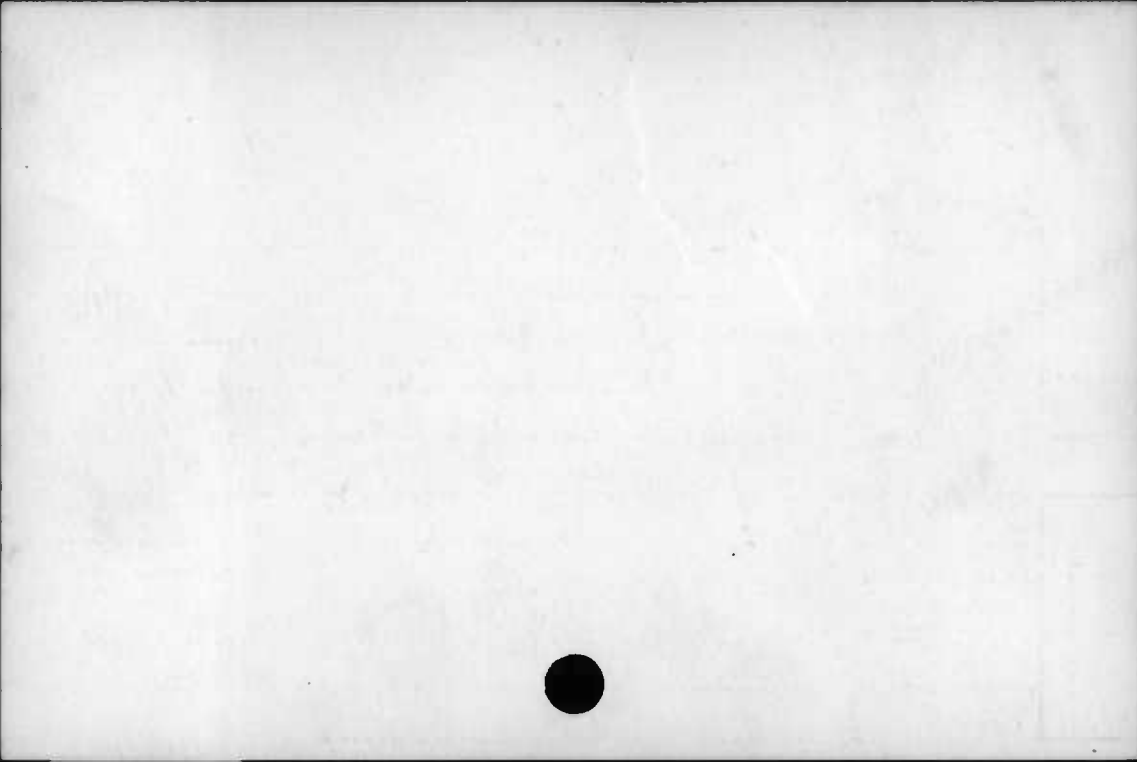
151

PHYSICIAN  
OR CORONER

Primary <u>Immature</u>	How long <u>8 days</u>
Immediate <u>Convulsion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. P. Franklin</u>
<u>Sten</u>	Address <u>Cumuld</u>
Accident or Suicide? <u>—</u>	<u>Ind</u>



Name in Full		Albert Lee Roy Harden				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cumberland Alleg		MARYLAND		
		Date of death		1908	Apr.	6	Age	1
				Month	Day	Years	Months	Days
		Sex		male		Color or Race		White
				Birth-place		Cumd.		
		Occupation		None		Where Residing if not at place of death		
		Married, Single or Widowed		Single		Name of Wife or Husband		None
Father's Name		Benjamin Harden				Father's Birthplace		Pa
Mother's Maiden Name		Grace Welsh				Mother's Birthplace		md
Name of person giving information		"				How related to deceased		mother
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">6</div>								
PHYSICIAN OR CORONER		Primary		Measles & Pneumonia		How long		10 days
		Immediate		Meningitis		How long		3 days
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. R. Hodges
		Stem		Address		Cumberland		
Accident or Suicide?								





Name  
in  
Full

Ruth Elizabeth Harden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cum* <sup>Town</sup> *Alle* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *April* <sup>Day</sup> *11* <sup>Age</sup> *3* <sup>Years</sup> *6* <sup>Months</sup> *2* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Benjamin Harden* Father's Birthplace *Md*

Mother's Maiden Name *Grace Wilster* Mother's Birthplace *Md*

Name of person giving information *Benjamin Harden* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Measles* ☒ How long *12 days*

Immediate *Broncho-pneumonia* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. R. Hodges*

Address *Cumberland, Md.*

Accident or Suicide? *—*



Name  
in  
Full

Anna, Thalia. Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick.		County Allegany.		MARYLAND	
Date of death	1904	Month 4.	Day 18	Age 1	Years 1	Months 6	Days 10
Sex	Female		Color or Race	White		Birth- place	Frederick Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband	Ella. Harris			
Father's Name	Walter J Harris					Father's Birthplace	Essex, Pa.
Mother's Maiden Name	Ella. Miller					Mother's Birthplace	Frederick Md
Name of person giving Information	Ella Harris					How related to deceased	mother

## CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary	Measles.	How long	Ten days.
Immediate	Membranous Croup.	How long	4 hours.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician C. E. Cunningham		
	Address Frederick Maryland		
Accident or Suicide?			

Hafer

Allg. Germ.

Town.

Name  
in  
Full

Miss Herbert Hawkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Frostburg		<sup>County</sup> Allegany		MARYLAND	
Date of death 1908		Month Apr	Day 21	Age 15	Months 8 Days 17
Sex M	Color or Race W	Birth-place Frostburg Md			
Occupation Student		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Geo. J. Hawkins		Father's Birthplace England			
Mother's Maiden Name Esther Aspinall		Mother's Birthplace Md			
Name of person giving information Wm. Hawkins		How related to deceased Uncle			

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary Diabetes	How long Several
Immediate Indigestion & Coma	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. Griffith
	Address Frostburg Md
Accident or Suicide?	



Name  
in  
Full

Elizabeth Hendley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

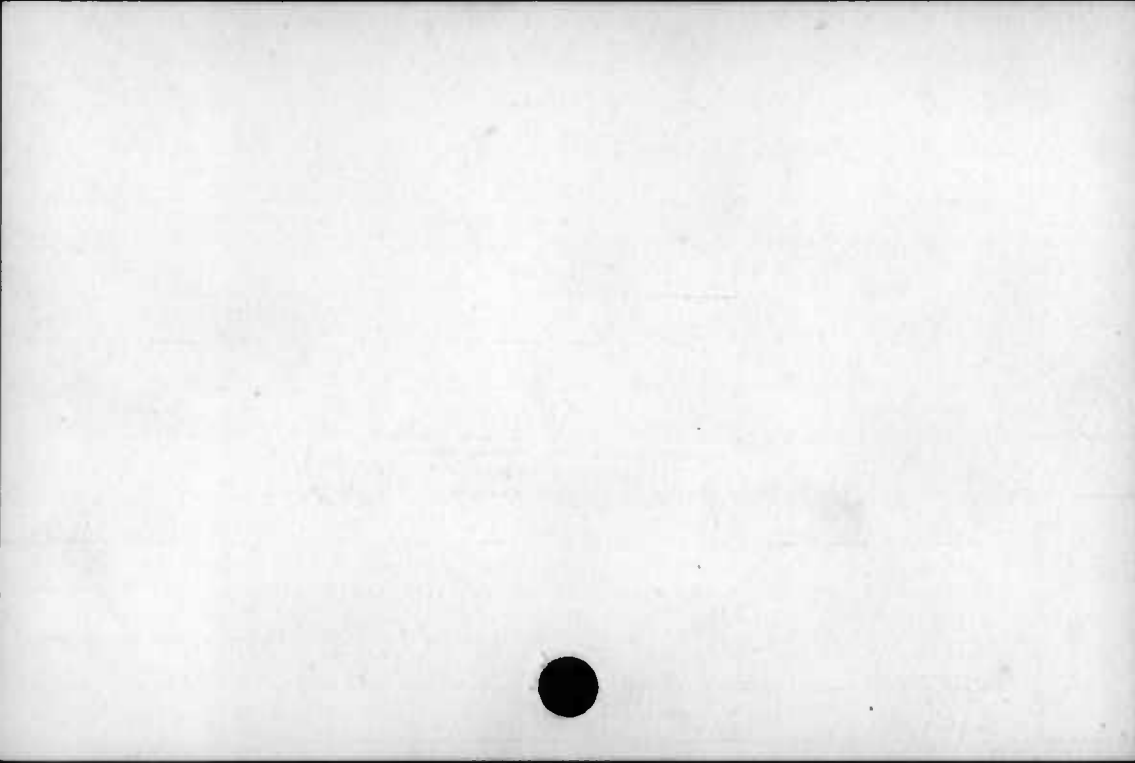
Died at <u>Ermsd.</u>		County <u>Arroy</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>apr</u>	Day <u>15</u>	Age <u>10</u>	Months <u>10</u>	Days <u>9</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Frostburg Md</u>		
Occupation <u>Student</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Wah. Hendley</u>		Father's Birthplace <u>England</u>			
Mother's Maiden Name <u>Marion Close</u>		Mother's Birthplace <u>England Md</u>			
Name of person giving information <u>Wah Hendley</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

(6)

PHYSICIAN  
OR CORONER

Primary	<u>Measles</u>	How long	<u>10 days</u>
Immediate	<u>Pneumonia</u>	How long	<u>Exhaustion</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E.H. White</u>	
<u>Edwin</u>		Address <u>Cumberland Md</u>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtobanda</i> <sup>Town</sup>			<i>Allegany</i> <sup>County</sup>			MARYLAND					
Date of death <i>1908</i>		<i>Apr</i> <sup>Month</sup>		<i>20</i> <sup>Day</sup>		<i>8</i> <sup>Years</sup>		<i>7</i> <sup>Months</sup>		<i>-</i> <sup>Days</sup>	
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Footling Ma</i>					
Occupation <i>Student</i>						Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>-</i>								
Father's Name <i>Noah Hendley.</i>						Father's Birthplace <i>England.</i>					
Mother's Maiden Name <i>Marion Close</i>						Mother's Birthplace <i>Earlhardt Md</i>					
Name of person giving information <i>Noah Hendley</i>						How related to deceased <i>Father.</i>					

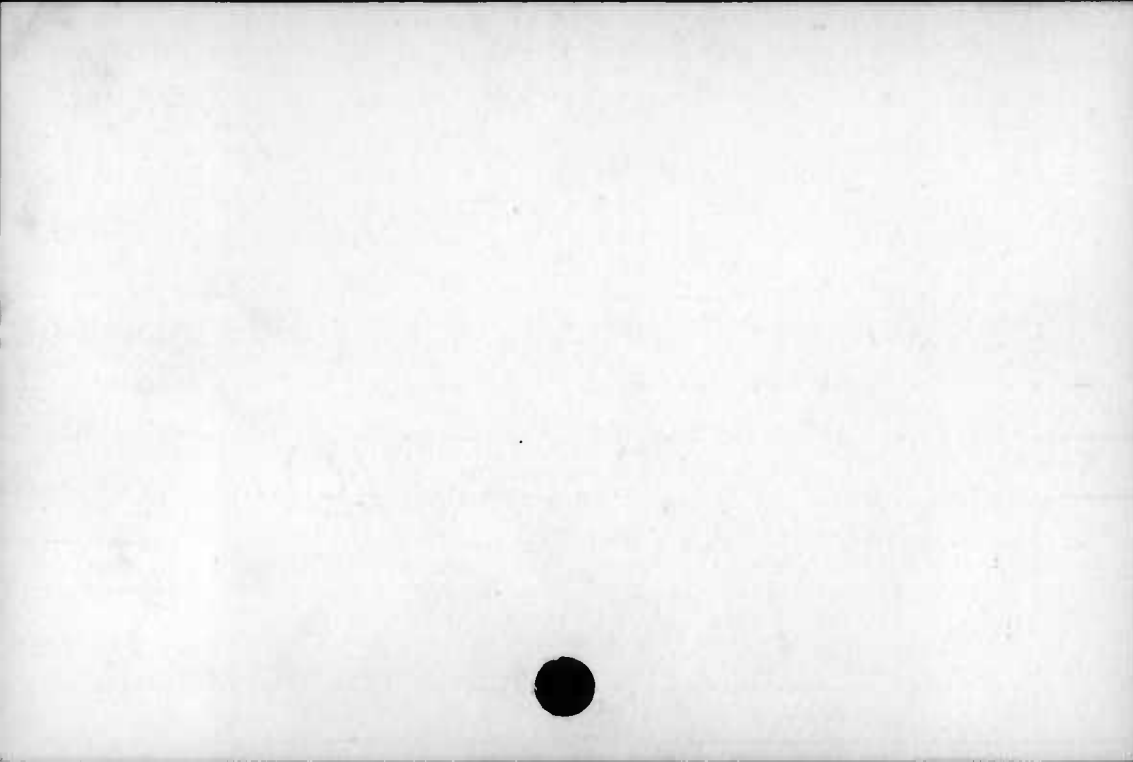
## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>		<i>6</i>		<i>1 week</i>	
Immediate <i>Pneumonia</i>				<i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. J. White</i>			
<i>None</i>		Address <i>Cumtobanda Md</i>			
Accident or Suicide? <i>Earlhardt.</i>					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chamberland</i> <sup>Town</sup> <i>Illegany</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Apr</i> <sup>Month</sup>	<i>9</i> <sup>Day</sup>	Age <i>50</i> <sup>Years</sup>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>W. Va</i>
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Hampshire Co. W. Va</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Taylor B. Hiatt</i>		
Father's Name <i>Isaac Pepper</i>	Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Amble</i>	Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Taylor B. Hiatt</i>	How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

64

How long

*one day*

How long

*one day*PHYSICIAN  
OR CORONER

Primary *Hypertension*

Immediate *Hypertension*

Are the name, age, sex, color, date and place correctly given above? *yes*

Accident or Suicide? *no*

Signature of Physician

Address

*E. A. Dwyer*

*Chamberland Md*



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

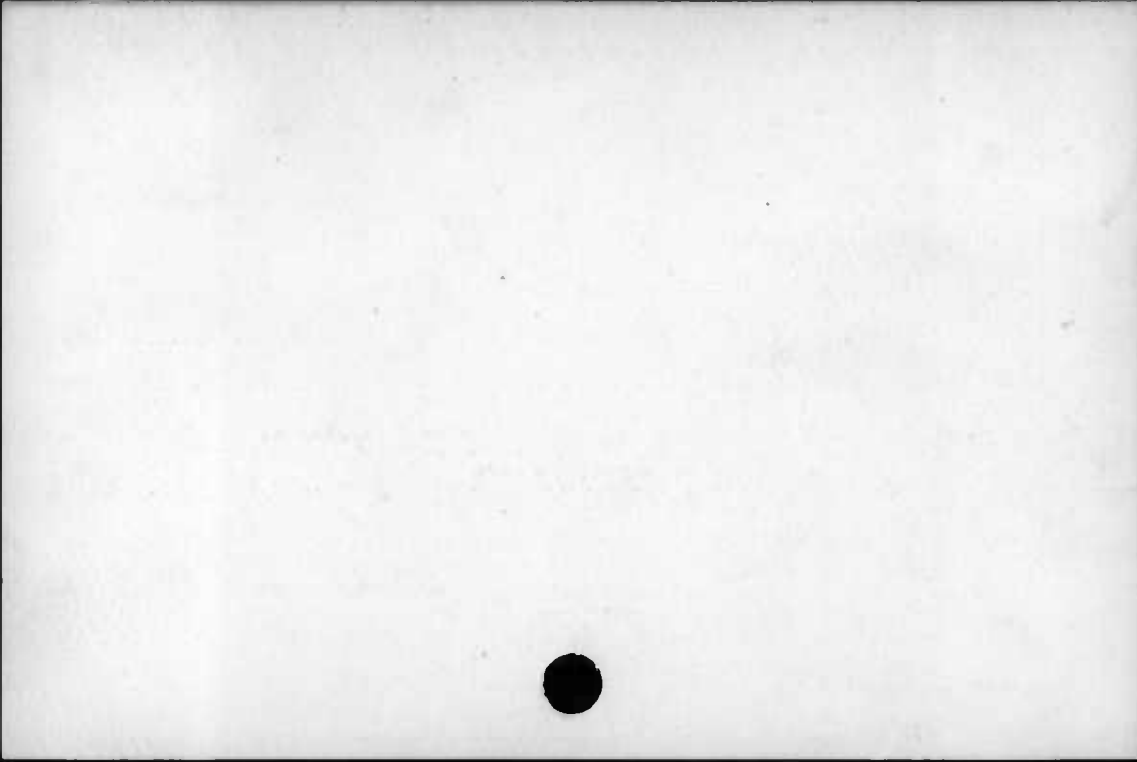
Died at <i>Cumberland</i> <i>Allegheny</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr.</i>	Day <i>10</i>	Age <i>52</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Cumld.</i>	Months <i>7</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Asylum</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>George Hilderbrand</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catharine Smenmer</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Wm Hilderbrand</i>	How related to deceased <i>Bro</i>		

## CAUSES OF DEATH

20

PHYSICIAN  
OR CORONER

Primary <i>An Abscess</i>	How long <i>4 wks</i>
Immediate <i>Septicemia</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Jurg</i>
	Address <i>Cumberland, Md</i>
<input checked="" type="checkbox"/> Accident or Suicide	



Name  
in  
Full

Henry Leslie Hill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cumtba</i>		County <i>Allegheny</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	<i>1908</i>	<i>Apr</i>	<i>25</i>	<i>-</i>	<i>9</i>	<i>-</i>	
Sex	Color or Race		Birth-place				
<i>Male</i>	<i>White</i>		<i>Cumtba</i>				
Occupation	Where Residing if not at place of death						
<i>none</i>	<i>-</i>						
Married, Single or Widowed	Name of Wife or Husband						
<i>Single</i>	<i>-</i>						
Father's Name	Father's Birthplace						
<i>Nelson E Hill</i>	<i>W. Va</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Elizabeth Walsh</i>	<i>W. Va.</i>						
Name of person giving information	How related to deceased						
<i>Nelson E Hill</i>	<i>Father</i>						

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. R. Barber</i>
<i>Steen</i>	Address	<i>Cumtba, W. Va.</i>	
Accident or Suicide?			





Name  
in  
Full

Hattie J. Hilleary

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Cumtland* County *Allegheny* MARYLAND

Died at *Cumtland*

Date of death 1908 Month *Apr* Day *16* Age *1* Years *10* Months *10* Days *15*

Sex *Female* Color or Race *White* Birth-place *Cumtland*

Occupation *none* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Wm J Hilleary* Father's Birthplace *Pa*

Mother's Maiden Name *Anna Sides* Mother's Birthplace *Pa*

Name of person giving information *Wm J Hilleary* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* How long *8 months*

Immediate *Pneumonia* How long *5 days*

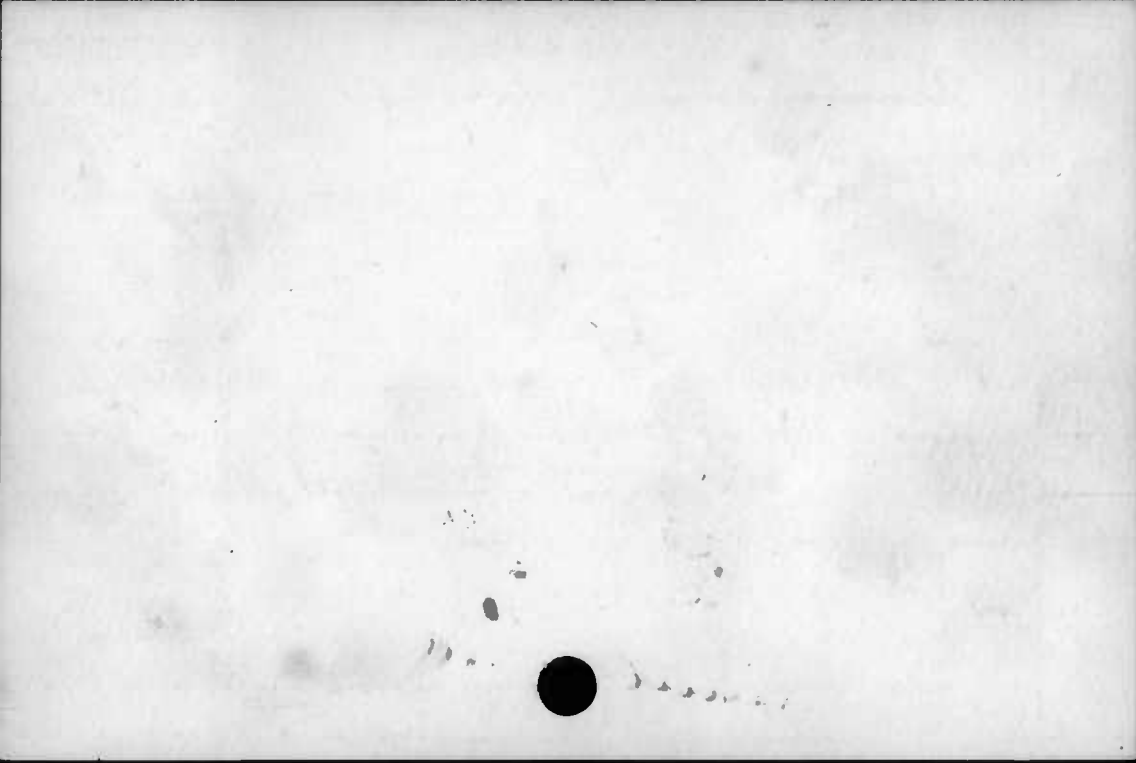
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of  
Physician

Address

Accident or Suicide?

*Dr. D. G. Barkdoll*  
*Cumtland Md*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Chester Edgar Hite</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Oct</i>		Day <i>22</i>		Years <i>one</i>	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>22</i>		Age <i>one</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Cumberland</i>		Months <i>-</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Edgar Hite</i>		Father's Birthplace <i>Allegany Co Md</i>					
Mother's Maiden Name <i>Ida Brashers</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Edgar Hite</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

76

PHYSICIAN  
OR CORONER

Primary <i>Acute Otitis Media</i>	How long <i>5 days</i>
Immediate <i>Abscess of brain</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. L. Barsholl</i>
<i>Stearns</i>	Address <i>Cumberland Md. 132 Va. Ave.</i>
Accident or Suicide? <i>-</i>	

156 p. m. an

Name  
in  
Full

Geo Raymond Hoff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>			<u>Allegheny Co</u> <sup>County</sup>			MARYLAND			
Date of death <u>1908</u>		<u>4</u> <sup>Month</sup>		<u>6</u> <sup>Day</sup>		<u>9</u> <sup>Years</sup>		<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>			Color or Race <u>White</u>			Birth-place <u>Cambridge Co.</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>					
Married, Single <u>—</u> or Widowed				Name of Wife or Husband <u>—</u>					
Father's Name <u>Geo. Nestley Hoff</u>				Father's Birthplace <u>Camdel</u>					
Mother's Maiden Name <u>Margaret Baker</u>				Mother's Birthplace <u>Camdel</u>					
Name of person giving information <u>Geo Nestley Hoff</u>				How related to deceased <u>Father</u>					

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <u>Dysentery</u>	How long <u>5 days</u>
Immediate <u>Exhaustion</u>	How long <u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W H Braem</u>
	Address <u>—</u>
Accident or Suicide?	

Dr. Broed

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Justine Pearl Holmes

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date  
of death 1908

Month

Apr

Day

26

Age

Years

1

Months

6

Days

15

Sex

Female

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

none

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

-

Name of Wife or  
Husband

-

Father's  
Name

Melvina Holmes

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Margrethe Sinkbeil

Mother's  
Birthplace

Cumberland

Name of person giving  
In formation

Melvina Holmes

How related  
to deceased

Father

## CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary

Measles

How long

2 weeks.

Immediate

Broncho-pneumonia

How long

Ten days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. P. Hodges

Address

Hodges, Cumberland, Md.

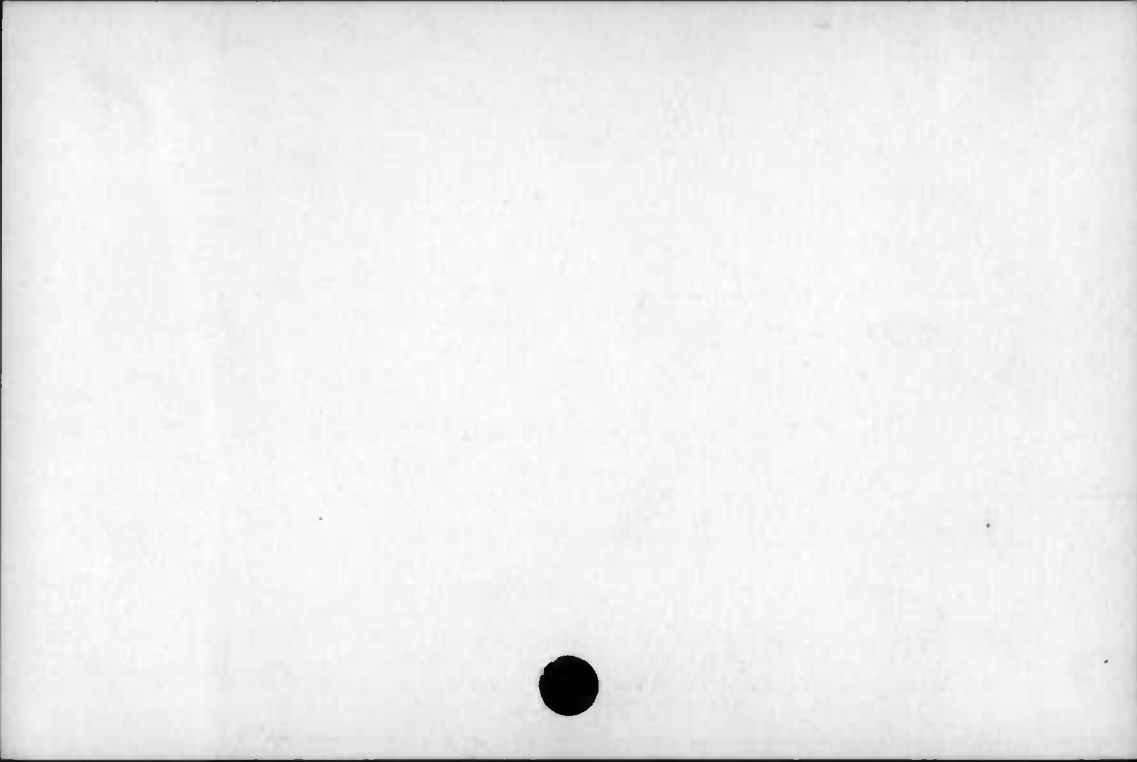
Accident or Suicide?





Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Town <i>Cumtba</i>		County <i>Allegheny</i>			
		Died at		MARYLAND			
		Date of death	Month <i>Apr.</i>	Day <i>14</i>	Age Years <i>8</i>	Months <i>8</i>	Days <i>-</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cumtba</i>			
		Occupation <i>none</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Herman Jorgenson</i>		Father's Birthplace <i>Wisconsin</i>					
Mother's Maiden Name <i>Nellie Sisco</i>		Mother's Birthplace <i>Cumtba</i>					
Name of person giving information <i>Herman Jorgenson</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Broncho Pneumonia</i>		How long <i>4 days</i>			
		Immediate <i>Attacking of lungs</i>		How long <i>4 hrs</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Harris</i>			
		Address <i>Cumtba, Ind.</i>					
		Accident or Suicide? <i>-</i>					

93



Name  
in  
Full

Theophilus Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

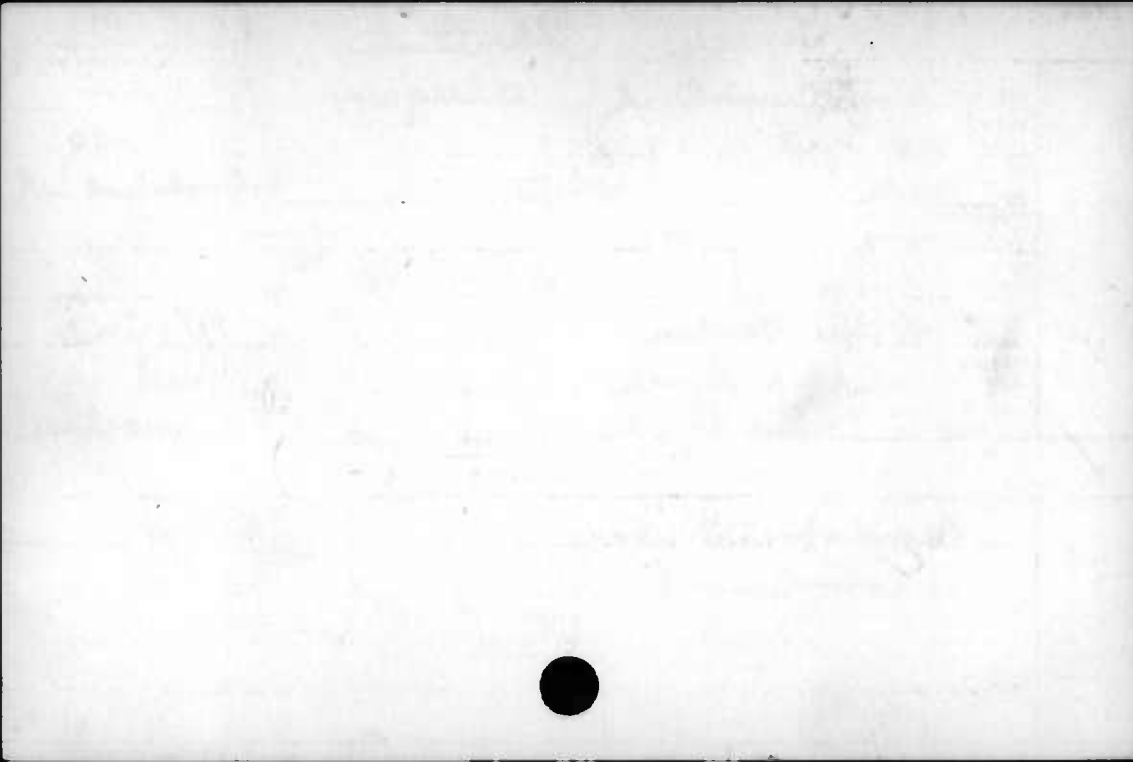
Died at		Town Baltimore		County Allan		MARYLAND	
Date of death	1908	Month April	Day 7	Age	Years 75	Months 1	Days 23
Sex	male		Color or Race	white		Birth- place	Wales
Occupation	Laborer			Where Residing if not at place of death			
Married, <del>Single</del> or <del>Widowed</del>	married		Name of Wife or Husband	Sarah Bonn			
Father's Name	Elias Lewis			Father's Birthplace	Wales		
Mother's Maiden Name	Ornt-Kum			Mother's Birthplace	Wales		
Name of person giving In formation	Theophilus Lewis			How related to deceased	Son		

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	Laryngeal Carcinoma	How long	2 years
Immediate	Heart Failure	How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
y		F. Alan S. Munnayked	
		Address	
		Baltimore	
Accident or Suicide?			
		Chad	



Name  
in  
Full

Lynch (Illegitimate)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

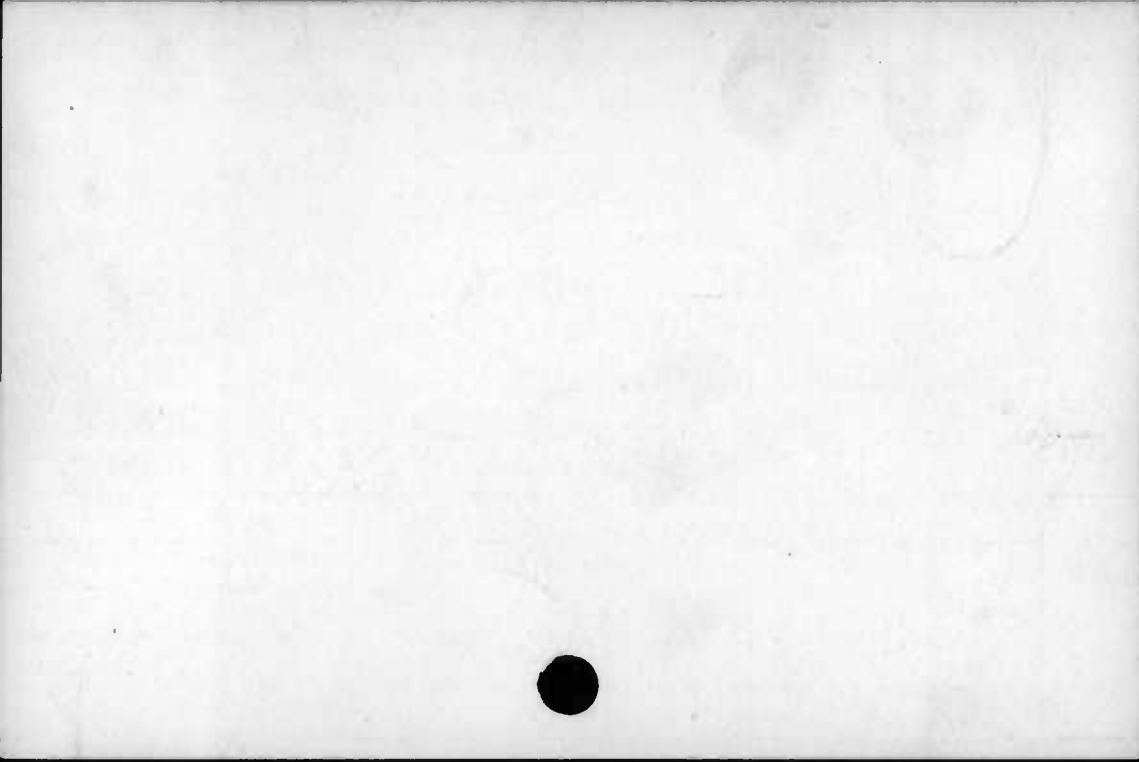
Died at		Town		County		STATE	
South Cumberland		Tennessee		Allegany		MARYLAND	
Date of death	1908	Month	April	Day	17	Years	Age
						Months	Days
						20	
Sex	male		Color or Race	white		Birth-place	S. Cumberland Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Walter Gordon					Father's Birthplace	W. Va.
Mother's Maiden Name	Sadie Lynch					Mother's Birthplace	Ind.
Name of person giving information	Sadie Lynch					How related to deceased	mother

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Broncho pneumonia	How long	3 days
Immediate	Convulsions	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		L. Owens M.D.	
		Address	
		Cumberland Ind.	
Accident or Suicide?			



Name  
in  
Full

John William McGraw

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Emm

Alle

Date

Month

Day

Years

Months

Days

of death

1908

April

9

Age

63

6

Sex

Male

Color or  
Race

White

Birth-  
place

West Va

Occupation

Mechanics

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Jane McGraw

Father's  
Name

John W McGraw

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Anna McGraw

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Anna McGraw

How related  
to deceased

Daughter

## CAUSES OF DEATH

50

Primary

Acute Diphtheria

How long

3 yrs.

Immediate

3rd exhaustion

How long

Gradual

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr. J. H. Hays  
Cumberland  
Glasbrook

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN-  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Sara R Mahoney*

Town *Cumtland* County *Allegheny*

Died at *Cumtland*

Date of death *1908 April 8* Age *62* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Baltimore Md*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Dan Mahoney*

Father's Name *John Bruce* Father's Birthplace *Baltimore Md*

Mother's Maiden Name *Rachel Bruce* Mother's Birthplace *—*

Name of person giving information *Dan Mahoney* How related to deceased *Husband.*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* How long *3 days*

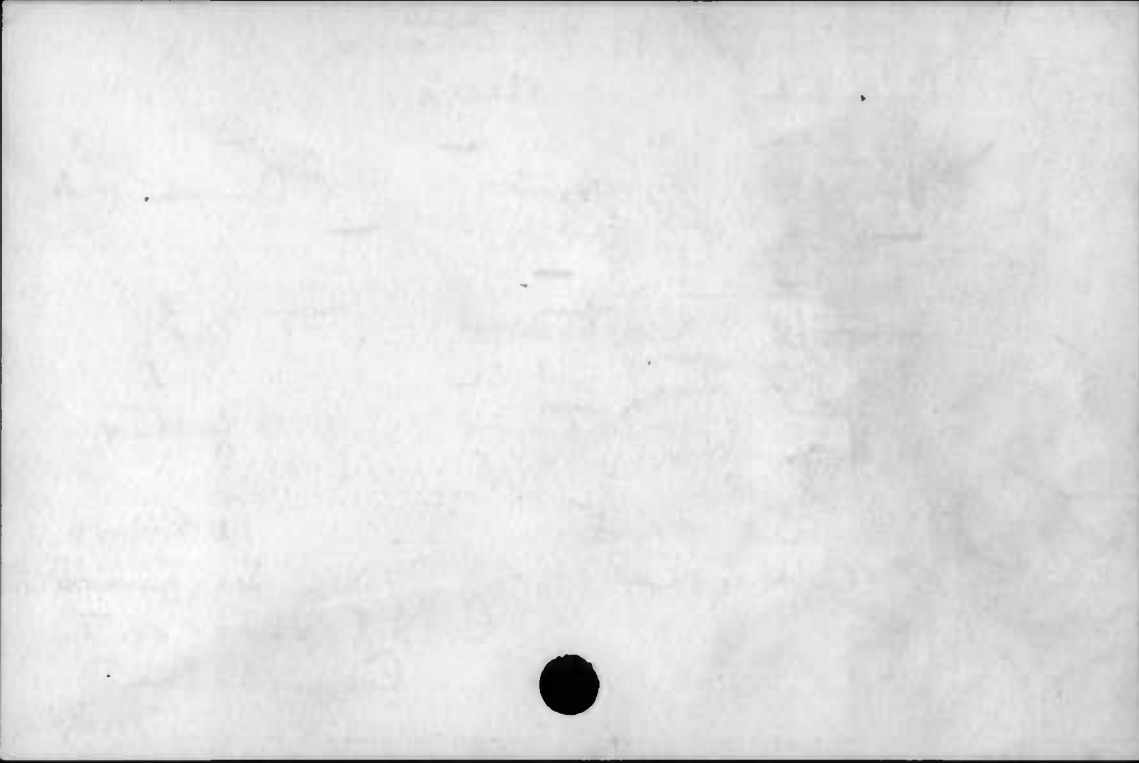
Immediate *Epilepsy* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. J. Mahoney*

Address *Cumtland Md*

Accident or Suicide? *—*



Name  
in  
Full

Infant of Jas H Mathews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Cumber

Town

Allegh

County

MARYLAND

Date

of death 1908

Month

April

Day

11

Age

Years

—

Months

—

Days

1

Sex

female

Color or  
Race

white

Birth-  
place

Cumber md

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

single

Name of Wife or  
Husband

—

Father's  
Name

Jas H Mathews

Father's  
Birthplace

md

Mother's  
Maiden Name

Bertha G Hinkle

Mother's  
Birthplace

md

Name of person giving  
In formation

Jas H Mathews

How related  
to deceased

father

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary

Prolapsd cord

How long

10 hours

Immediate

Asphyxia

How long

Sen. hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

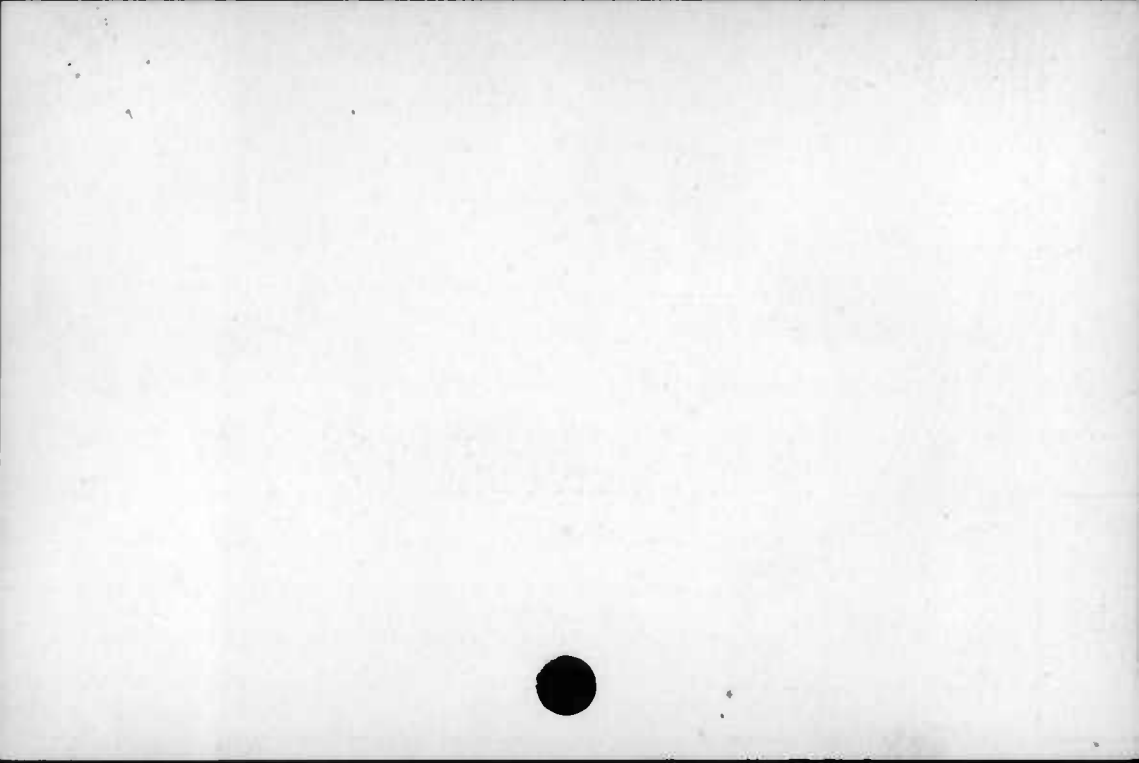
W H Brace on D

Address

Cumber md

Accident or Suicide?

No



Name  
in  
Full

Nelson H. Meese

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

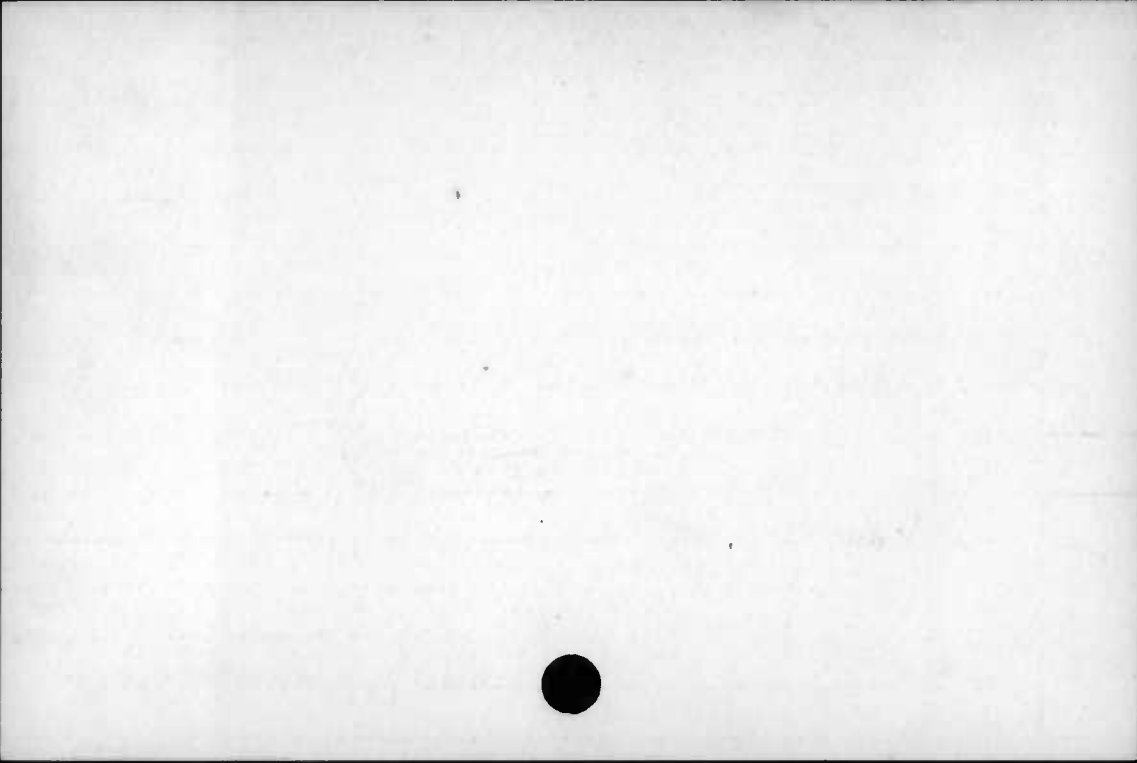
Died at <u>Mt. Zion</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small>	<u>April</u> <small>Day</small>	<u>26</u> <small>Age</small>	<u>68</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>20</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Ohio</u>			
Occupation <u>Invalid</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Sigler Meese</u>				
Father's Name <u>John C. Meese</u>	Father's Birthplace <u>Penn.</u>				
Mother's Maiden Name <u>Julia Hass</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>John W. Meese</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

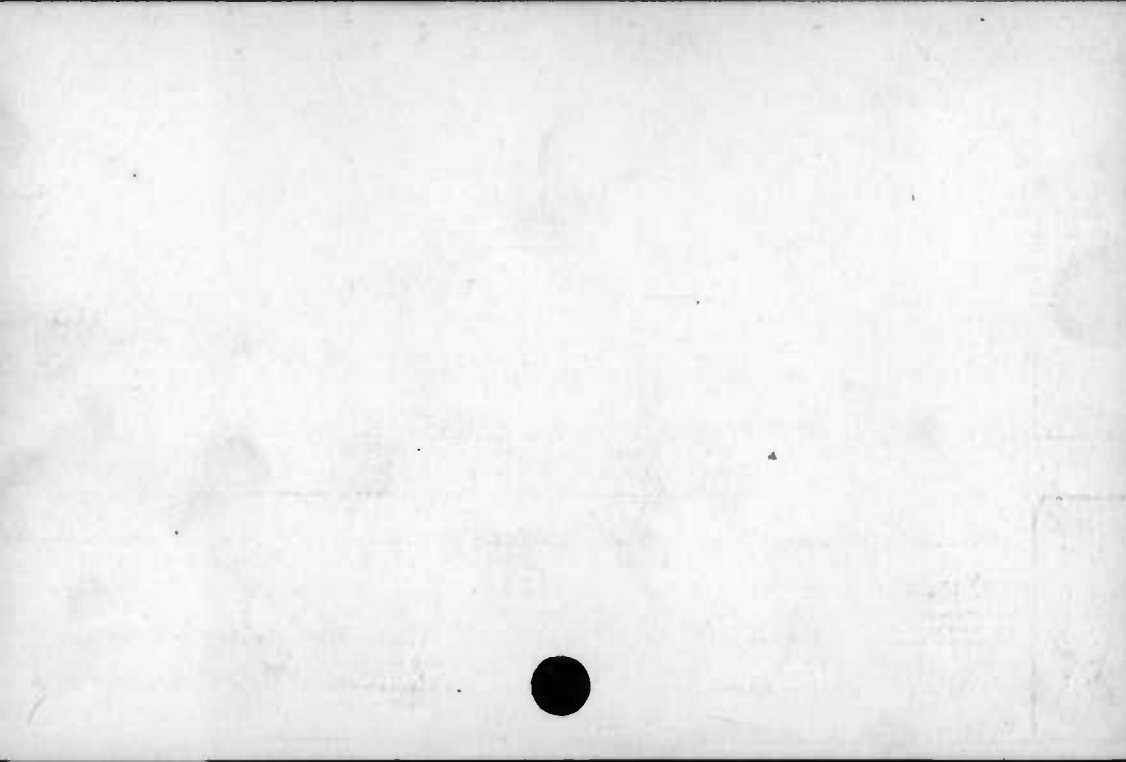
125

PHYSICIAN  
OR CORONER

Primary <u>Enlarged Prostate. Retention of Urine</u>	How long <u>4 years since operation</u>
Immediate <u>Cystitis. Septicemia</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry M. Hodges</u>
	Address <u>Lawson, Md.</u>
Accident or Suicide? <u>No</u>	



Name in Full		Arthur Lorris H. Merkel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cumberland	County Allegany		MARYLAND	
	Date of death	1908	Month Apr	Day 19	Age 3	Months 10	Days 22
	Sex	Male		Color or Race	White		Birth-place Cumberland
	Occupation	none			Where Residing if not at place of death —		
	Married, Single or Widowed	—		Name of Wife or Husband —			
	Father's Name	Harry J. Merkel				Father's Birthplace	Pa
	Mother's Maiden Name	Lydia Sutter				Mother's Birthplace	Pa
	Name of person giving information	Harry J. Merkel				How related to deceased	Father
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">6</div>							
PHYSICIAN OR CORONER	Primary	Measles				How long	3 weeks
	Immediate	Meningitis				How long	one week
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				Address		
	Accident or Suicide?				—		





Name  
in  
Full

Charles E Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumberland* Town *Alleghany* County *MARYLAND*

Date of death *1908* Month *Apr* Day *23* Age *77* Years Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *retired* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *John Conrad Muller* Father's Birthplace *Germany*

Mother's Maiden Name *Anna Scheuer* Mother's Birthplace *Germany*

Name of person giving information *George Hayes* How related to deceased *Nephew*

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary *Orderum, Pulmonary*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

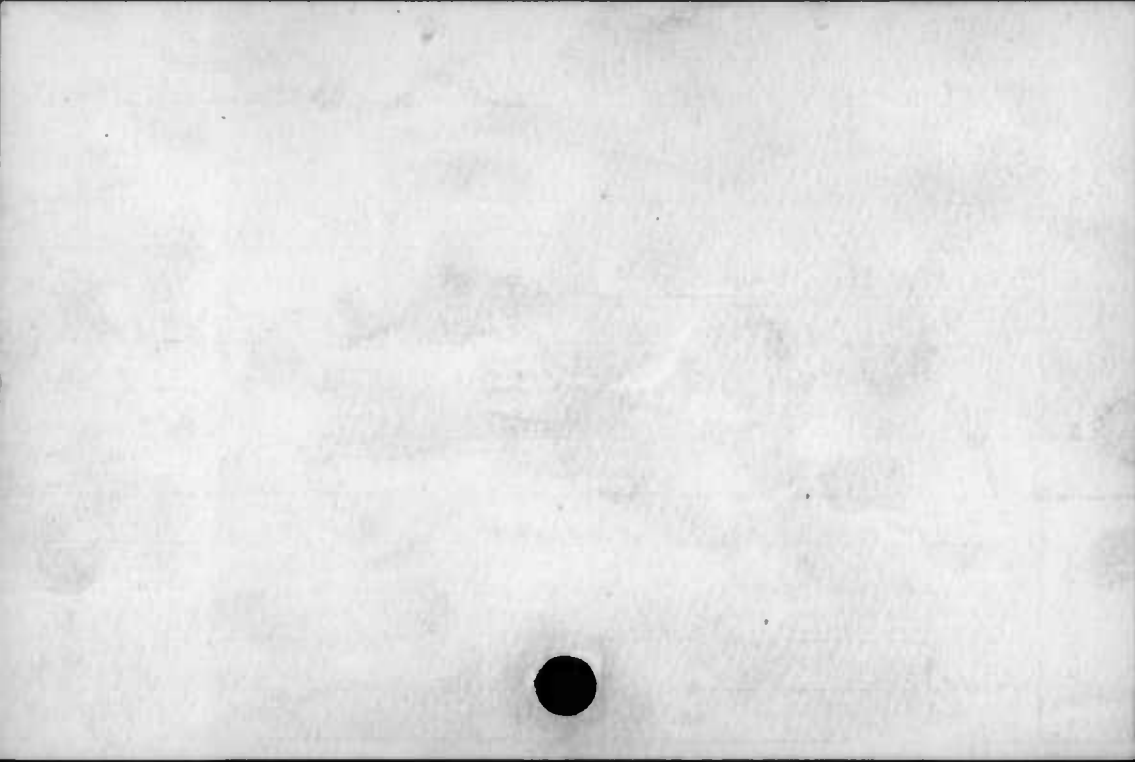
Signature of Physician

Address

*J.B. McDonald*

*Altoona, Pa.*

Accident or Suicide?



Name

in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Annetti Mirucci

## CERTIFICATE OF DEATH

Town *Cumtland* County *Allegheny* MARYLAND

Died at

Date of death *1908* Month *Apr* Day *16* Age *2 mt 12 yr* Months Days

Sex *Male* Color or Race *White* Birth-place *Italy*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *2 mt 12 yr*

Father's Name *2 mt 12 yr* Father's Birthplace *2 mt 12 yr*

Mother's Maiden Name *2 mt 12 yr* Mother's Birthplace *2 mt 12 yr*

Name of person giving information *H. L. Hails M. D.* How related to deceased *None*

## CAUSES OF DEATH

166

Primary *Injured by train* How long *7 minutes*

Immediate *Instantaneous abrasions* How long *5 minutes*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. L. Hails M. D.* Address *Cumtland*

Accident or Suicide? *Accident* *(over)* *md*

Leg crushed, shoulder crushed, arm fractured, contused  
back. abscess in shoulder arm, legs, back, chest  
and kidney

Name  
in  
Full

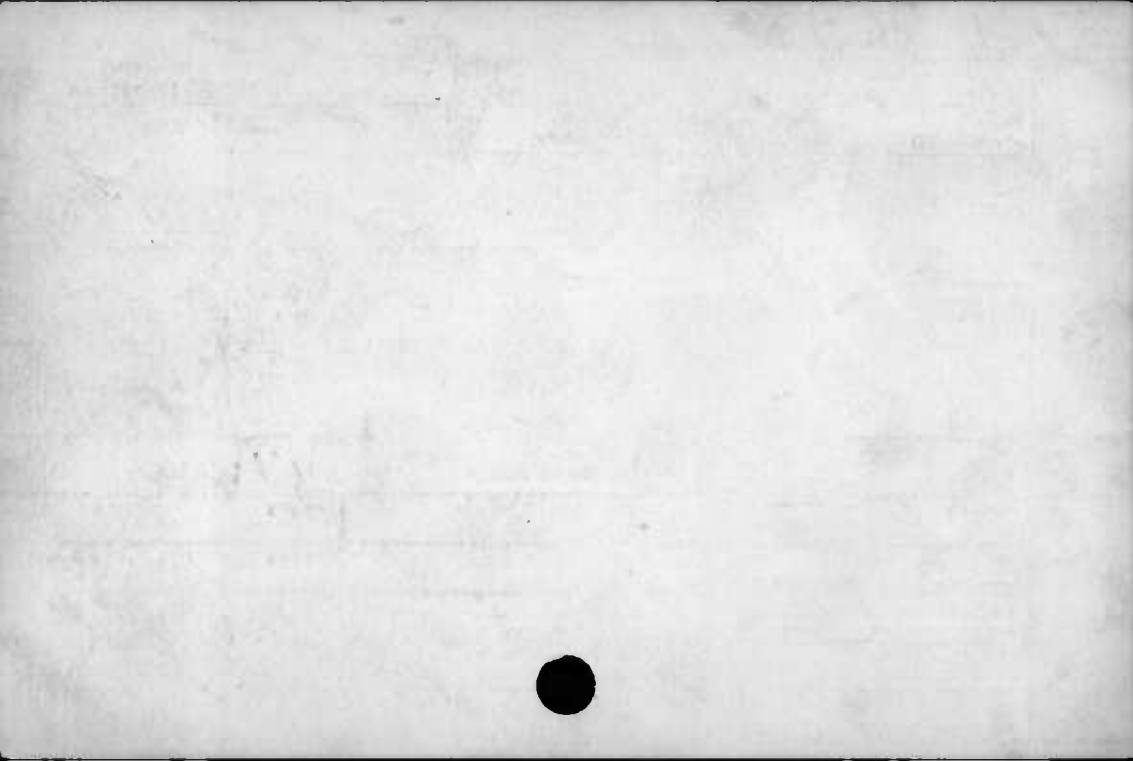
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Mary Murphy</b>		Town <b>Ulean</b>		County <b>Allegheny</b>		MARYLAND					
Died at <b>Ulean</b>		Month <b>April</b>		Day <b>5</b>		Years <b>4</b>		Months <b>—</b>		Days <b>15</b>	
Date of death <b>1908</b>		Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Midland, Md.</b>					
Occupation <b>—</b>				Where Residing if not at place of death <b>—</b>							
Married, Single or Widowed <b>—</b>				Name of Wife or Husband <b>—</b>							
Father's Name <b>John Murphy</b>				Father's Birthplace <b>Ulean, Md.</b>							
Mother's Maiden Name <b>Susan M<sup>c</sup> Mason</b>				Mother's Birthplace <b>Vale Summit, Md.</b>							
Name of person giving information <b>John Murphy</b>				How related to deceased <b>Father</b>							
CAUSES OF DEATH <b>(6)</b>											

PHYSICIAN  
OR CORONER

Primary <b>Measles</b>		How long <b>18 days</b>	
Immediate <b>Measles with Complications</b>		How long <b>12 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A. P. O'Neil</b>	
<b>Q</b>		Address <b>Midland, Md.</b>	
Accident or Suicide? <b>Q</b>			



Name  
in  
Full

Francis P. Naughton.

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cumberland <sup>County</sup> Alleg

MARYLAND

Date of death 1908 Apr. 5 Age 60 Months 10 Days 19

Sex Male Color or Race White Birth-place Mt. Savage Md.

Occupation Retired R.P.P. Man Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Sarah Louise Naughton

Father's Name Michael Naughton Father's Birthplace Ireland.

Mother's Maiden Name Annie E. Deane Mother's Birthplace Md. Dow.

Name of person giving information Sarah Louise Naughton How related to deceased Wife

## CAUSES OF DEATH

64

Primary Cerebral Hemorrhage How long Four days

Immediate Paralysis How long Four days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Stem  
Accident or Suicide?TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Lorise Nixon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death	1908	Month	April	Day	20	Years	11
Sex	Female	Color or Race	White	Birth-place	Brunswick Md.		
Occupation	<i>none</i>		Where Residing if not at place of death		—		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		—		
Father's Name	<i>John A. Nixon</i>				Father's Birthplace	<i>W. Va.</i>	
Mother's Maiden Name	<i>Mollie A. Perry</i>				Mother's Birthplace	<i>W. Va.</i>	
Name of person giving information	<i>John A. Nixon</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary	<i>Weak heart</i>	How long	<i>do not know</i>
Immediate	<i>Constriction of lungs</i>	How long	<i>6 or 8 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. B. Leary</i>
<i>Stren</i>		Address	<i>Chesapeake and</i>
Accident or Suicide?	<i>She had both Rubella &amp; Rubella in</i>		

Thyco mine Co.

# 187 Virginia ave.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Ortoscecco</i>		Town <i>MD Savage</i>		County <i>Allegany</i>		MAYLAND	
Died at <i>MD Savage</i>		Month <i>April</i>		Day <i>18</i>		Year <i>1908</i>	
Date of death <i>1908 April 18</i>		Age <i>6</i>		Months <i>13</i>		Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>France</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Ortoscecco</i>				Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Francesca Mirogliotto</i>				Mother's Birthplace <i>Italy</i>			
Name of person giving information <i>Francesca Ortoscecco</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>		How long <i>1 week</i>	
Immediate <i>Exhaust</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. Alan G. Murray M.D.</i>	
Address <i>MD Savage</i>		Address <i>MD Savage</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

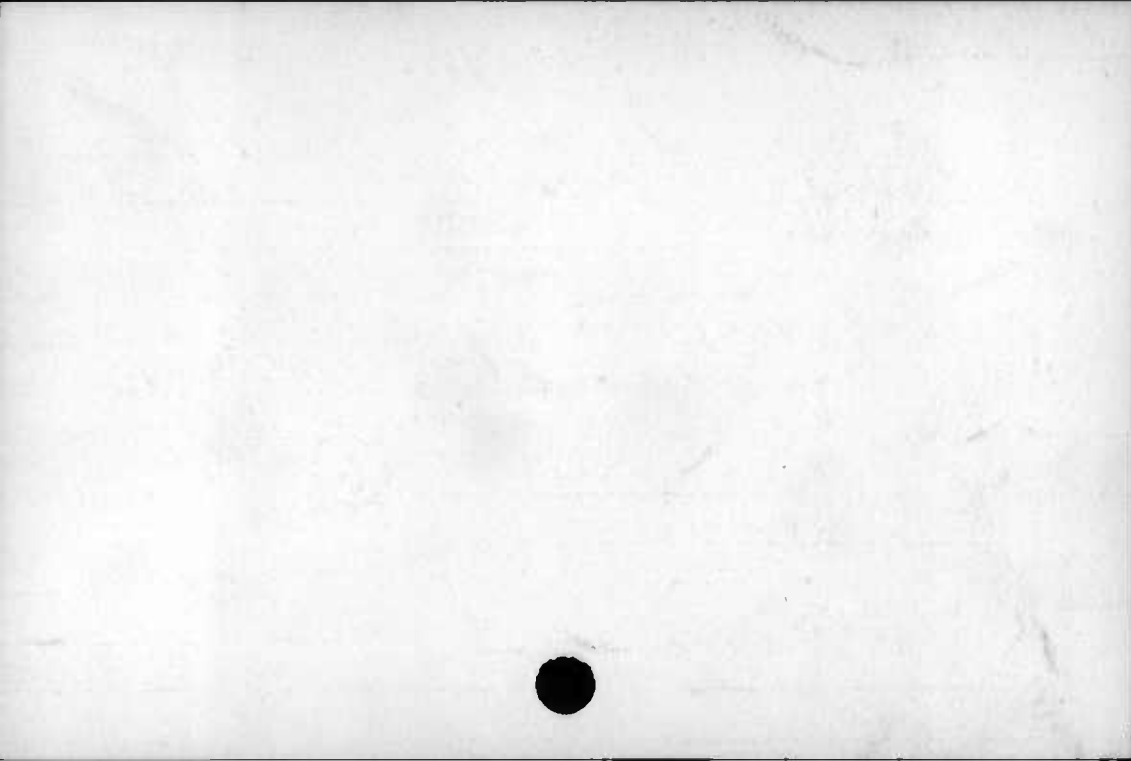
Name in Full <i>Mary Orr</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Lonaconing</i>		Date of death <i>1908</i>		Age <i>25</i>		Months <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		Days <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert E. Orr</i>					
Father's Name <i>Robert E. Orr</i>		Father's Birthplace <i>Lonaconing</i>					
Mother's Maiden Name <i>Martha Buckle</i>		Mother's Birthplace <i>Moscow</i>					
Name of person giving information <i>Robert E. Orr</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>One week</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Skilling, M.D.</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Matteo Parillo.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

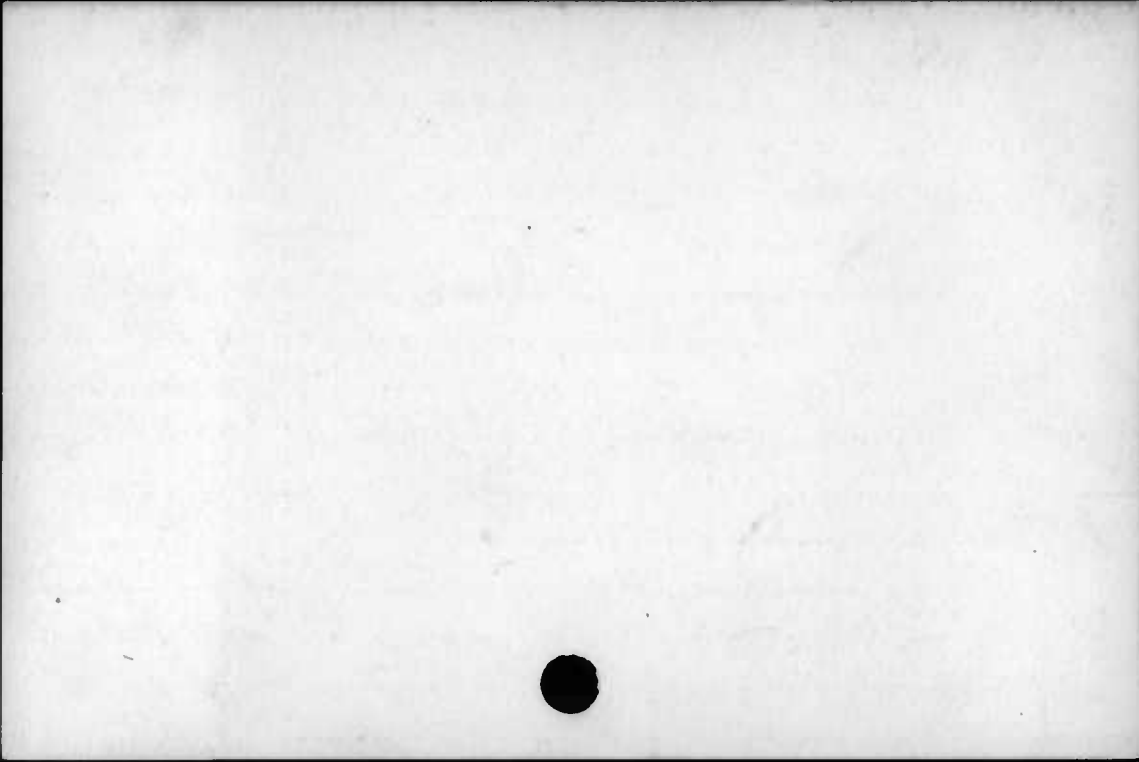
Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1908		4		13		Ag. 32	
Sex		Color or Race		Birth-place			
Male		White		Italy			
Occupation		Where Residing if not at place of death					
Laborer		Cumberland					
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
Lanardo Parillo		Italy					
Mother's Maiden Name		Mother's Birthplace					
Mareadonita Massi		Italy					
Name of person giving information		How related to deceased					
Salvatore Parillo		Brother					

## CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary	Gunshot Injury to head	How long	4
Immediate	Exhaustion & meningitis	How long	1
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Eugene Broadbent	
Address		Cumberland	
Accident or Suicide?		Suicide	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town <i>Frederick</i> County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Apr</i> Day <i>5</i>	Age <i>66</i>	Months <i>3</i> Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>St. Lawrence, Ky</i>	
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth Rafferty</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Charles Rafferty</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

**112**

PHYSICIAN  
OR CORONER

Primary	<i>Cirrhosis of liver</i>	How long	<i>2 months</i>
Immediate	<i>Cardiac exhaustion</i>	How long	<i>Slumber</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Colver</i>	
Accident or Suicide? <i>No</i>		Address <i>Frederick</i>	



Name  
in  
Full

Rarick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ind Saray</u> Town		<u>Calhoun</u> County		MARYLAND	
Date of death	1908	Month	April	Day	20
Sex		Color or Race	White	Birth-place	Ind Saray
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		James Rarick		Father's Birthplace	Ind
Mother's Maiden Name		Mary Davin		Mother's Birthplace	Pa
Name of person giving information		Jas Rarick		How related to deceased	Father

CAUSES OF DEATH

(S)

PHYSICIAN  
OR CORONER

Primary	Stillbirth	How long	7 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		F. Alan G. Mumma	
		Address	
		Ind Saray	
Accident or Suicide?			

George Washington University

Washington, D.C.

February 1, 1911

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,  
Yours,  
Very truly,  
Your obedient servant,

Wm. H. Smith

(Signature)

Very truly,  
Your obedient servant,

Wm. H. Smith

Very truly,  
Your obedient servant,

Wm. H. Smith

Very truly,  
Your obedient servant,

Name  
in  
Full

Ralph Rice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

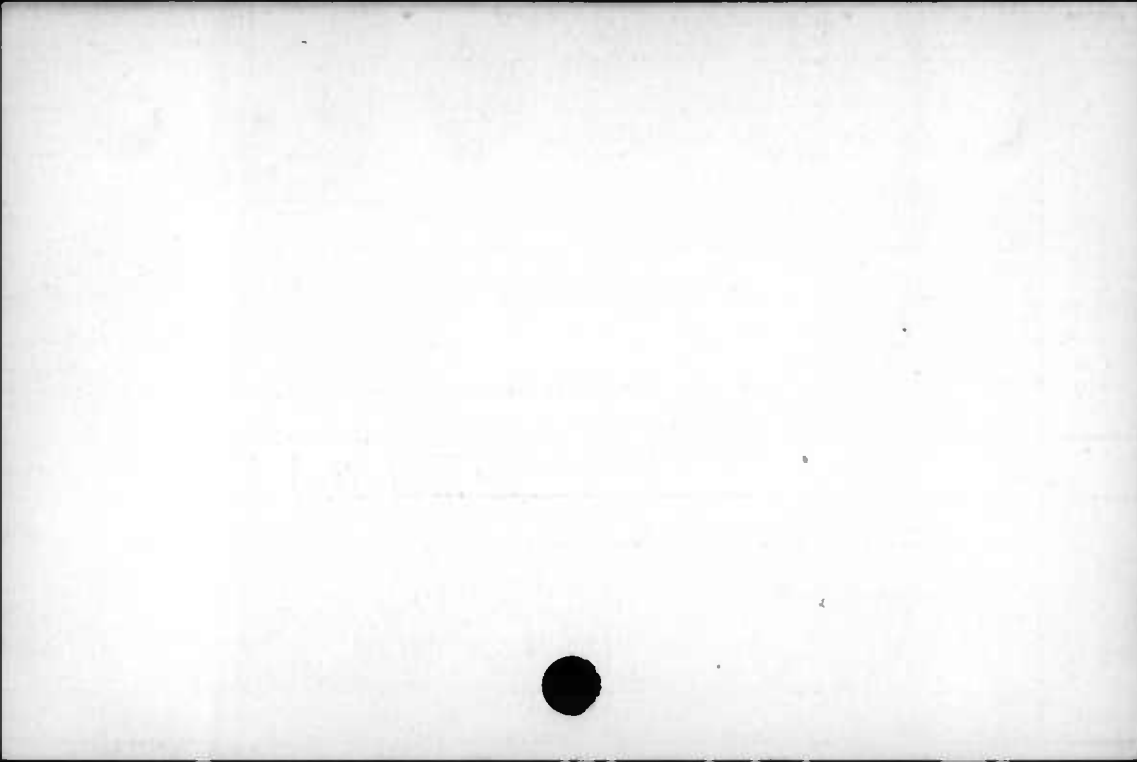
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Apr	28	Age 9	11	3	
Sex		Color or Race		Birth-place			
Male		White		Ind			
Occupation				Where Residing if not at place of death			
School-boy				-			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
A. G. Rice				Ind			
Mother's Maiden Name				Mother's Birthplace			
Myrtle Beall				Ind			
Name of person giving information				How related to deceased			
H. M. Duke				None			

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary	Pleurisy	How long	2 weeks
Immediate	Empyema - Shock	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		O. H. Bracey, M.D.	
Address		Cumberland - Ind	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** *Myung Richard*

**Town** *Louisa* **County** *Allegheny* **MARYLAND**

**Died at** *Louisa*

**Date of death** *1908* **Month** *April* **Day** *15* **Age** *2* **Years** *—* **Months** *—* **Days** *—*

**Sex** *Female* **Color or Race** *White* **Birth-place** *Louisa*

**Occupation** *none* **Where Residing if not at place of death** *—*

**Married, Single or Widowed** *—* **Name of Wife or Husband** *—*

**Father's Name** *William Richard* **Father's Birthplace** *Louisa*

**Mother's Maiden Name** *Mamie Purples* **Mother's Birthplace** *11*

**Name of person giving information** *Mrs. Wm. Richard* **How related to deceased** *mother*

CAUSES OF DEATH

7

PHYSICIAN  
OR CORONER

**Primary** *Scarlet Fever* **How long** *About 3 weeks*

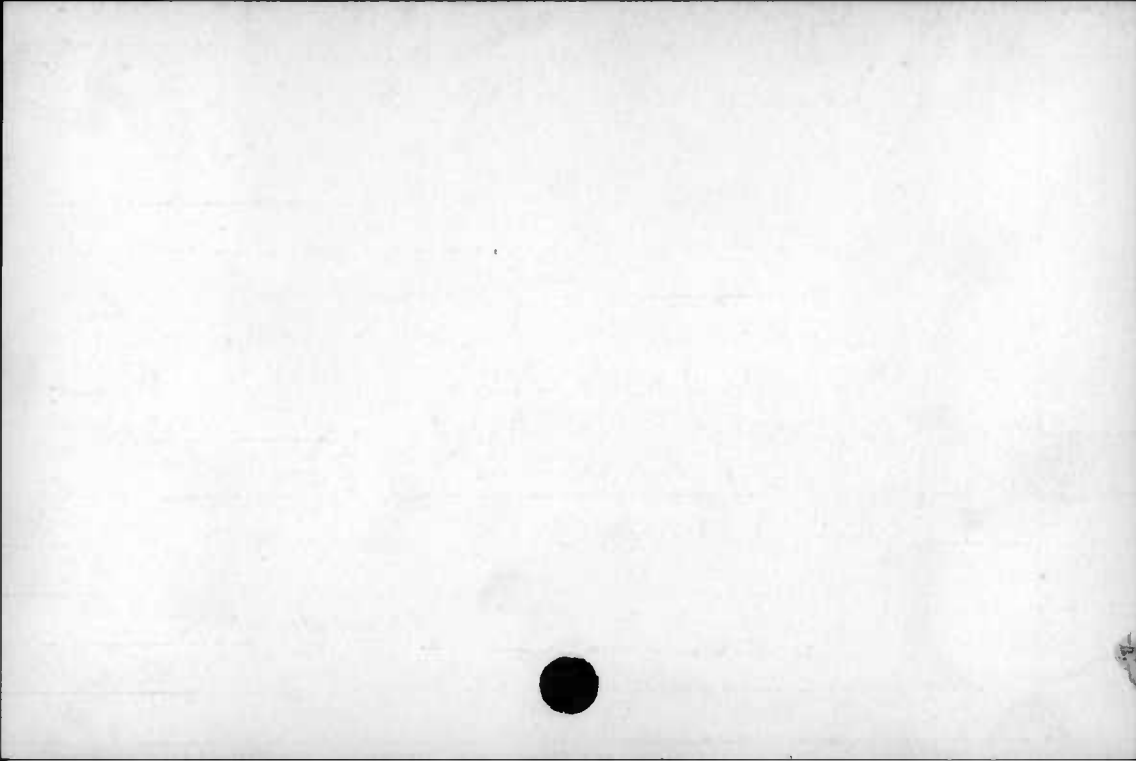
**Immediate** *Spinal Meningitis* **How long** *Eight weeks*

**Are the name, age, sex, color, date and place correctly given above?** *yes*

**Signature of Physician** *W. Q. Skilling M.D.*

**Address** *Louisa*

**Accident or Suicide?** *no*





Name  
in  
Full

CERTIFICATE OF DEATH

*John Riehl*

Town

County

MARYLAND

Died at *Crund.*

Date of death *1908 April 27*

Age *72*

Months Days

Sex *Male*

Color or Race *White*

Birth-place *Germany*

Occupation *Tailor*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Martha Riehl*

Father's Name *Unknown*

Father's Birthplace *Germany*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Germany*

Name of person giving information *Jacob H Riehl*

How related to deceased *Son*

CAUSES OF DEATH

*50*

Primary *Diabetes, Cirrhosis of Liver*

How long *Saw poor*

Immediate *Fracture*

How long *weeks.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J.H. Lockman*

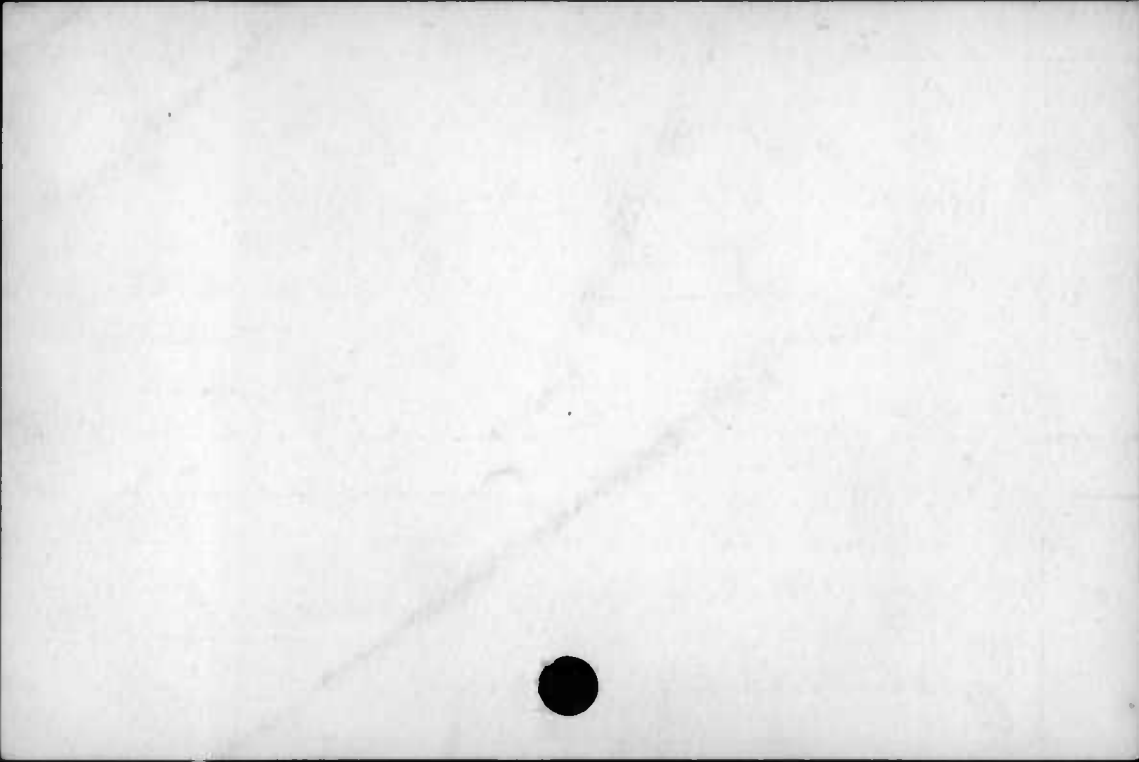
Address *Kentland Hill*

Accident or Suicide?

*Lockman*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Margarette E. Ritter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

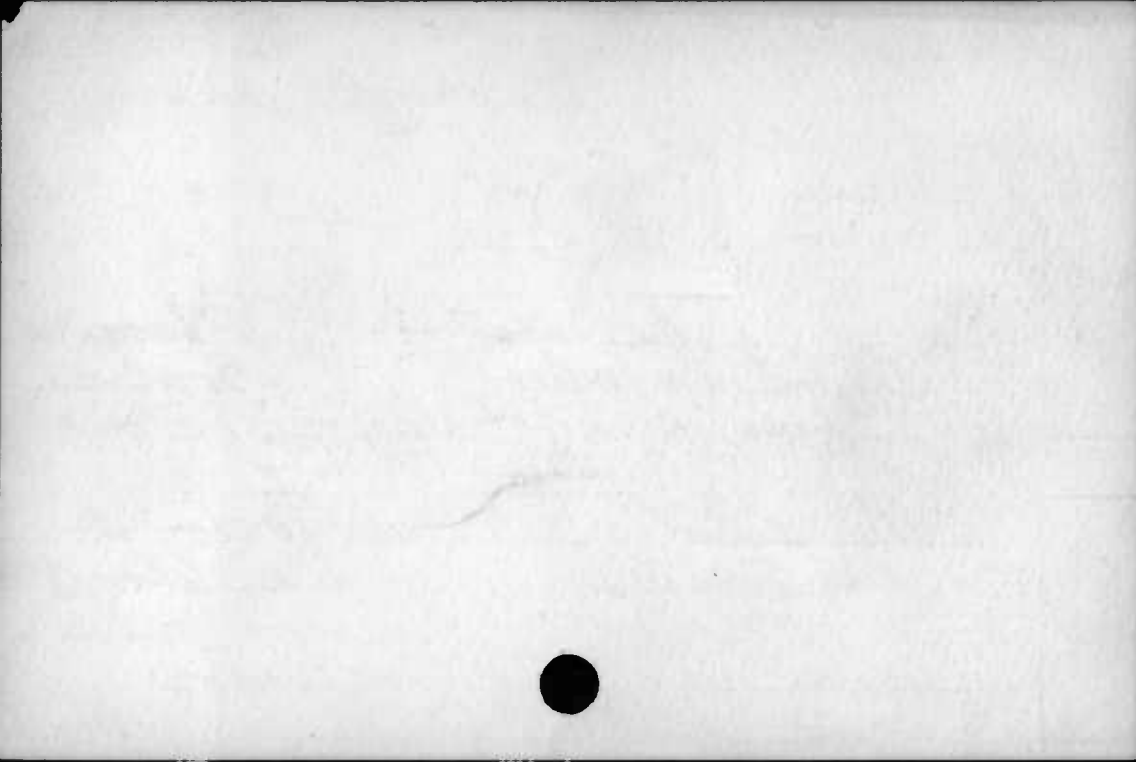
Died at		Town Cumberland		County Alleg.		MARYLAND	
Date of death		1908	Month Apr.	Day 28	Age 41	Years 1	Months Days
Sex Female		Color or Race White		Birth- place Cumberland			
Occupation Seamstress		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Adam Ritter		Father's Birthplace Germany					
Mother's Maiden Name Anna E. Cnalt		Mother's Birthplace "					
Name of person giving In formation anna C. Ritter		How related to deceased mother					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Chr. Asthma & cardiac disease	How long	17 years
Immediate	Exhaustion following Pneumonia & Bronchitis	How long	Ten
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature J. Stein		Signature of Physician R. Y. Fechtg.	
Address		[Redacted]	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mary Jane Robertson*

Died at *Shapt* Town *Allegany* County

Date of death *1908* Month *April* Day *30* Age *18* Years Months *24* Days *22*

Sex *Female* Color or Race *white* Birth-place *Ocean*

Occupation *house work* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Joseph B. Robertson* Father's Birthplace *W. Savage, Md*

Mother's Maiden Name *Ethel Vaughan* Mother's Birthplace *Bales*

Name of person giving information *Joseph B. Robertson* How related to deceased *father*

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary *appendicitis* How long *10 days*

Immediate *peritonitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G L Livingston M.D.*

Address *Frostburg Md.*

Accident or Suicide? *—*

Dee Eekhorn  
—  
Alley Ann

Name  
in  
Full

*John J. Rodruck*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Cumberland</i>		County <i>Wessex</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>april</i>	Day <i>26</i>	Years <i>87</i>	Months <i>1</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>does not know</i>			
Father's Name <i>Do not know</i>			Father's Birthplace <i>Do not know</i>		
Mother's Maiden Name <i>Do not know</i>			Mother's Birthplace <i>Do not know</i>		
Name of person giving information <i>James a. Missick</i>			How related to deceased <i>Son in Law</i>		

*Roaming W. Va*

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORONER

Primary	<i>Age + Apoplexy</i>	How long	<i>2 wks</i>
Immediate	<i>Emphysema</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Earl B. Broadus</i>	
<i>Seen</i>		Address <i>Bennington</i>	
Accident or Suicide? <i>No</i>			

Roney.

Hampton Co



Name  
in  
Full

## CERTIFICATE OF DEATH

Eugene Francis Rowe

Town

County

MARYLAND

Died at Cumberland

Alligany

Date

Month

Day

Years

Months

Days

of death 1908

Apr

26

Age

1

9

-

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

none

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

-

Name of Wife or  
Husband

-

Father's  
Name

Edward Rowe

Father's  
Birthplace

Washington D.C.

Mother's  
Maiden Name

Mary Brothers

Mother's  
Birthplace

Md

Name of person giving  
In formation

Edwards Rowe

How related  
to deceased

Father

## CAUSES OF DEATH

7

Primary

Scarlet Fever

How long

1 week

Immediate

Dysentery

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. P. Lankford

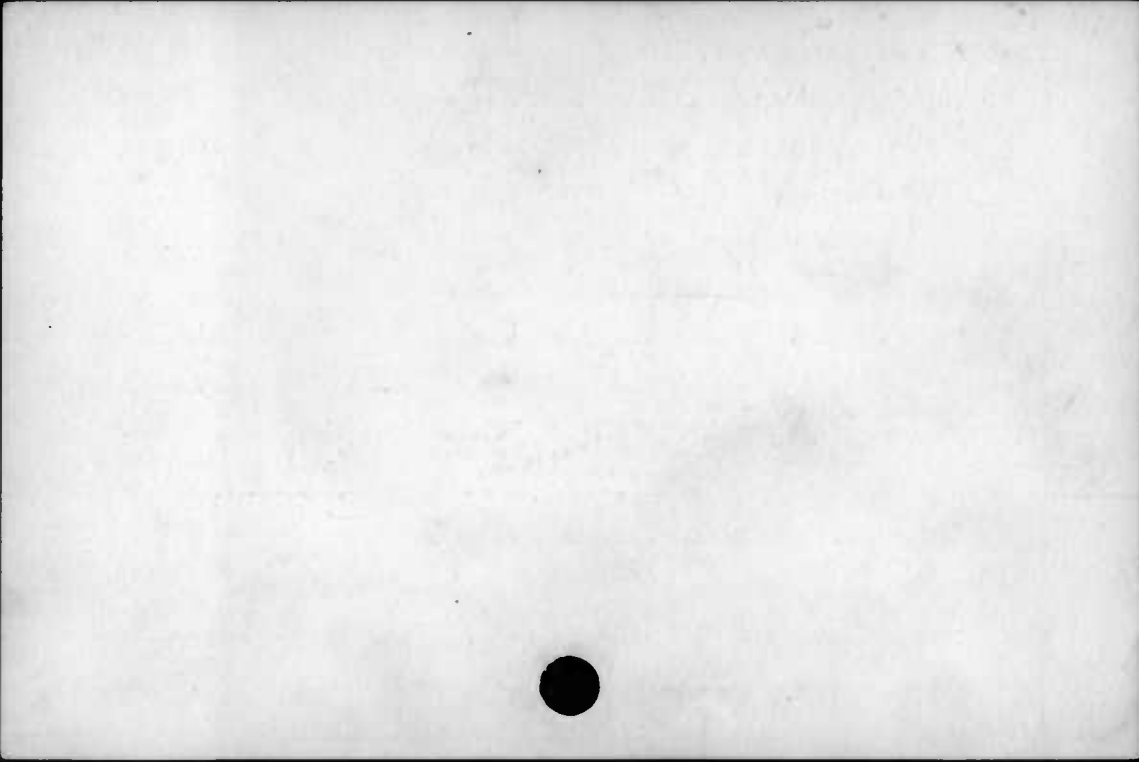
Address

Cumberland Md.

Accident or Suicide?

Franklin

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Apr.	25	7	9		
Sex		Color or Race		Birth-place			
Male		White		West Va.			
Occupation		Where Residing if not at place of death					
Child							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John P. Ryan		Md.					
Mother's Maiden Name		Mother's Birthplace					
Minnie Hays		West Va.					
Name of person giving information		How related to deceased					
Father - J. P. Ryan		Father					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Broncho pneumonia	How long	14 days
Immediate	Broncho-pneumonia	How long	14 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. S. Barbood	
		Address	
		132 Virginia Ave.	
		Cumberland, Md.	
Accident or Suicide?			

Magnolia

June 1890

1890

Name in Full		R T Seamen				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County		MARYLAND						
	Date of death	190	r	Month	Apr	Day	24	Age	68	Years	Months	Days
	Sex	Male		Color or Race	White		Birth-place	Washington B. Md				
	Occupation	Veterinary Surgeon				Where Residing if not at place of death	Martinsburg					
	Married, Single or Widowed	Married		Name of Wife or Husband	Margrette							
	Father's Name	Ja Kemeier Seamen					Father's Birthplace	Md				
	Mother's Maiden Name	Marrie Leggett					Mother's Birthplace	Md				
Name of person giving information	Margrette Seamen					How related to deceased	Wife					
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Brights Disease					How long	6 mos				
	Immediate	Coma					How long	3 days				
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	E H Brace					
	Address					Cumberland						
	Accidental or Suicide?					Martinsburg						

Monterey

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant Denton Shupp

Died at <sup>Town</sup> Cumberland <sup>County</sup> Alleg

MARYLAND

Date of death 1908 <sup>Month</sup> Apr <sup>Day</sup> 6 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race White Birth-place Cumberland

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Denton Shupp Father's Birthplace Washington Co.

Mother's Maiden Name Amanda Stump Mother's Birthplace Oldtown Md

Name of person giving information " " How related to deceased Mother

## CAUSES OF DEATH

157

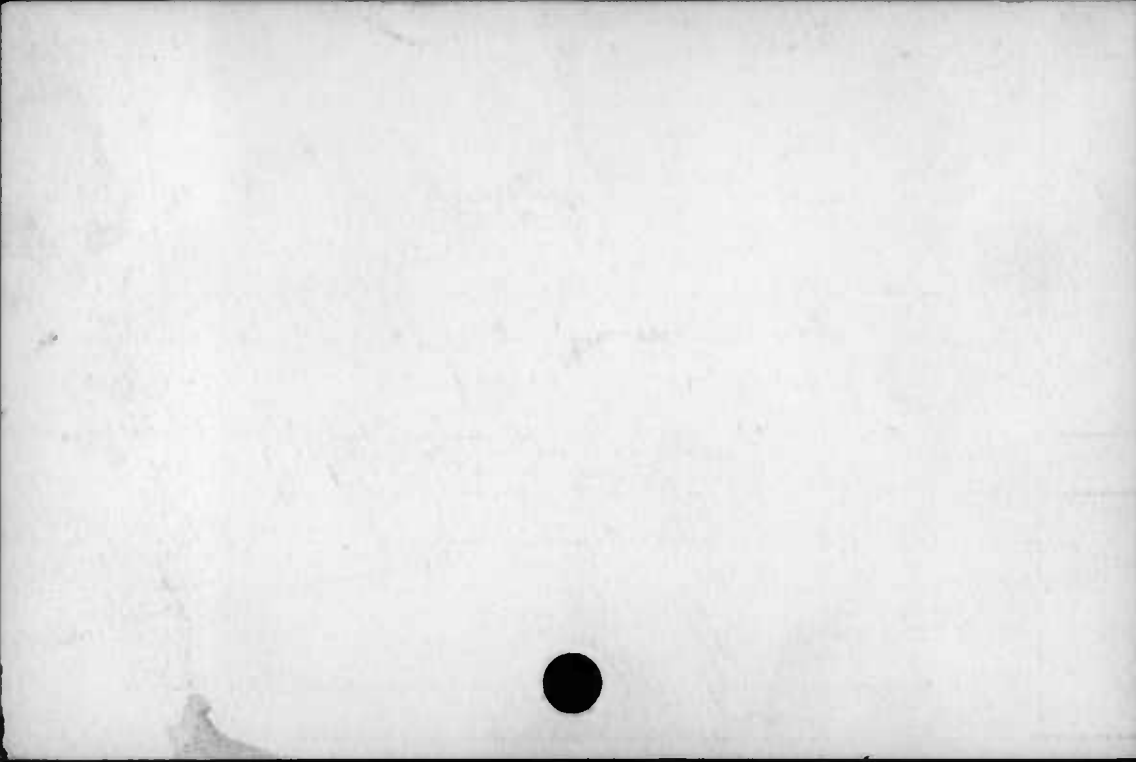
Primary Premature Birth How long 3 mo.

Immediate " " How long 3 mo.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. J. F. Figg

Address Cumberland Md

Accident or Suicide?





Name  
in  
Full

David Sloan.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lonaconing		County Allegany		MARYLAND	
Date of death		Month April	Day 18 <sup>th</sup>	Age	Years 62	Months 10	Days 13
Sex	Male	Color or Race	White		Birth-place	Mt. Savage Md.	
Occupation	Banker			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Minnie Harness Sloan.				
Father's Name	Matthew R. Sloan				Father's Birthplace	Scotland	
Mother's Maiden Name	Ann Muir				Mother's Birthplace	Scotland	
Name of person giving information	Jas. M. Sloan				How related to deceased	Brother	

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary	Diabetes mellitus	How long	4 years.
Immediate	Pneumonia	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Henry M. Hodgson.		
Address	Lonaconing, Ind.		
Accident or Suicide?	No		



Name

in  
Full

James Spiers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

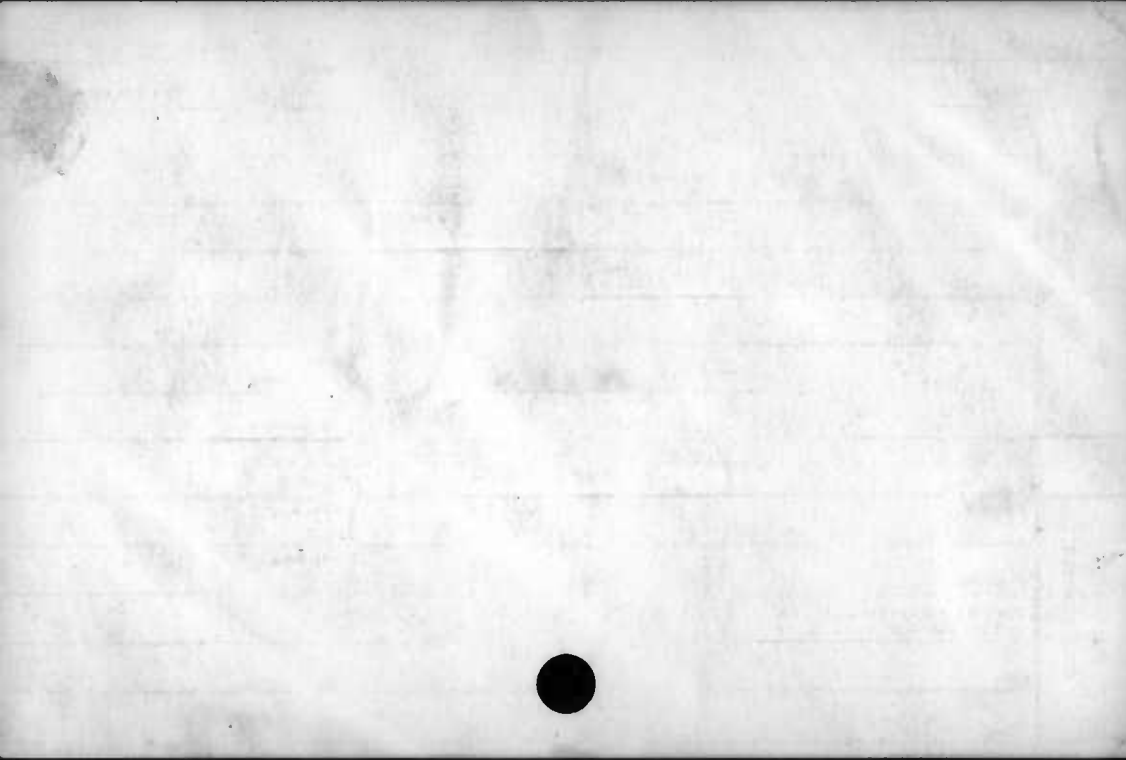
Died at <i>Midlothian</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>8</i>	Age <i>45</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Scotland</i>	Months <i>7</i> Days <i>16</i>
Occupation <i>Miner</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth Spiers</i>		
Father's Name <i>James Spiers</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Elizabeth Letham</i>	Mother's Birthplace <i>DO</i>		
Name of person giving Information <i>Agnes Walker</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

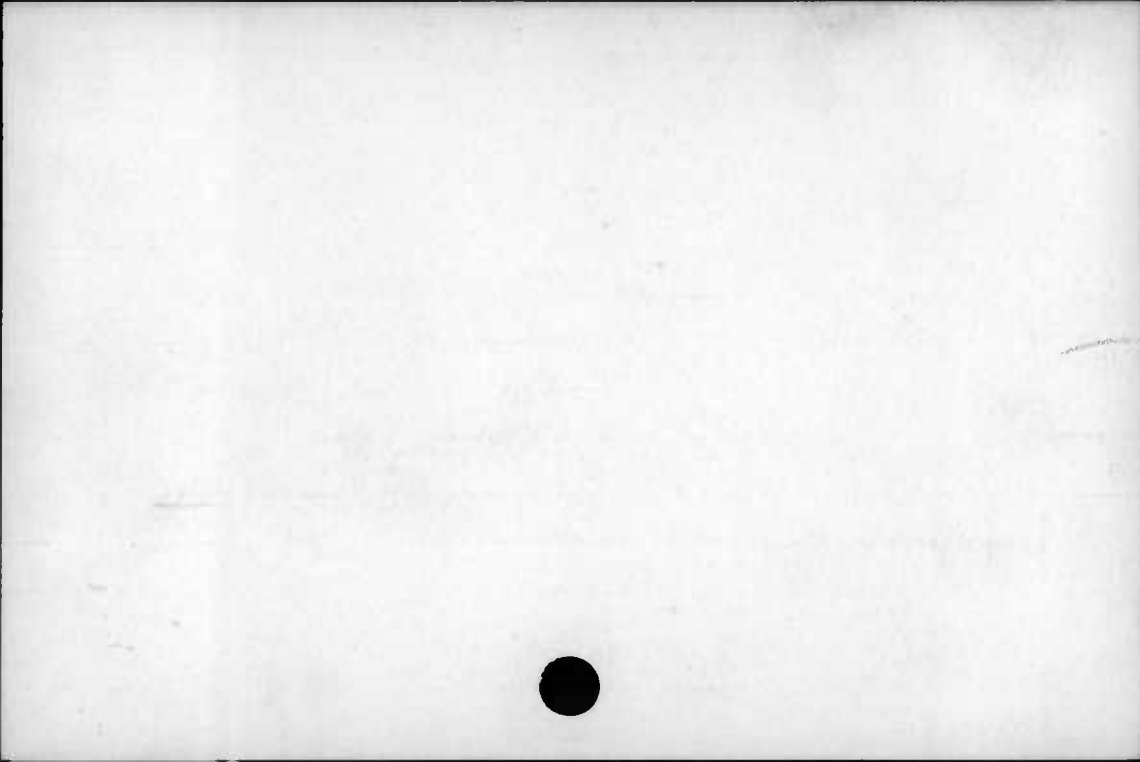
10

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>2 Weeks</i>
Immediate <i>Paralysis</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. L. Chyne</i>
<i>9</i>	Address <i>Midlothian</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full		Town				County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cumberland		Archery		MARYLAND							
		Date of death		1908	Month	Apr	Day	13	Age	Years	23	Months	9	Days	—
		Sex		Female		Color or Race		White		Birth-place		Pa			
		Occupation		none		Where Residing if not at place of death		Myersdale, Pa							
		Married, Single or Widowed		Single		Name of Wife or Husband		—							
		Father's Name		John Stacie		Father's Birthplace		Cumberland							
Mother's Maiden Name		Mary A Breig		Mother's Birthplace		Pa									
Name of person giving information		Mary A Stacie		How related to deceased		Mother									
✓		CAUSES OF DEATH				106									
PHYSICIAN OR CORONER		Primary		Ulcer of Duodenum		How long		2 yr.							
		Immediate		Perforation of ulcer following 2 day of shock		How long		8 hrs							
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. D. Souklier							
		Address		Cumberland, Md.											
Accident or Suicide?															



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Gilmore</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190		Month <i>April</i>	Day <i>28th</i>	Age <i>26</i>		Months <i>3</i>	Days <i>28</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lawrence</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Miner</i>					
Name of Wife or Husband <i>Myrtle Cutter</i>							
Father's Name <i>James Stevenson</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Elizabeth Turner</i>		Mother's Birthplace <i>Mora Scotia</i>					
Name of person giving information <i>Andrew Stevenson</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Rail Road accident</i>	How long <i>One Week - time</i>
Immediate	<i>Instant Death</i>	How long <i>over by train</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of <i>E. H. Mark</i>
		Address <i>Lumberland Md</i>
Accident or Suicide? <i>Accident</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Thompson</i>		Town <i>Lonaconing Md</i>		County <i>allegany</i>		MARYLAND	
Died at <i>Lonaconing Md</i>		Month <i>April</i>		Day <i>10th</i>		Years <i>76</i>	
Date of death <i>1908</i>		Months <i>8</i>		Days <i>10th</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Gosau Scotland</i>			
Occupation <i>Coal Miner</i>		Where Residing if not at place of death <i>Lord</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Dont know</i>					
Father's Name <i>Edw. Knivins</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Mary White</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Mrs John Jeffrey</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>accidental from a fall of coal</i>		How long <i>166</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Mary Coroner</i>	
Address <i>Lumberville Md</i>			
Accident or Suicide? <i>Accident</i>			

This Card Base  
Sent me  
J. Maubz-

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John Threscher* Town *Frostburg* County *Alleghany*  
Died at  
Date of death *1908* Month *4* Day *15* Age *76* Years Months *11* Days *9*  
Sex *Male* Color or Race *White* Birth-place *Germany*  
Occupation *retired* Where Residing if not at place of death  
Married, Single or Widowed *widowed* Name of Wife *was Anna E. Threscher*  
Father's Name *not known* Father's Birthplace *Germany*  
Mother's Maiden Name *not known* Mother's Birthplace *Germany*  
Name of person giving information *Jacob Hafer* How related to deceased *Son in law*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Heart weakness* How long *2 months*  
Immediate *Heart failure* How long *10 minutes*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *George L. Luning M.D.*  
Address *Frostburg Md*  
Accident or Suicide? *—*

Hafer.

Allg. Gem.

Town.

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Cumberland* <sup>County</sup> *Allegheny*Date of death <sup>Month</sup> *April* <sup>Day</sup> *8* <sup>Years</sup> *1908* <sup>Months</sup> *10* <sup>Days</sup> *19*Sex *Female* Color or Race *White* Birth-place *Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Peter J. Twigg*Father's Birthplace *Md.*Mother's Maiden Name *Mary E. Robinson*Mother's Birthplace *Md.*Name of person giving information *May E. Twigg*How related to deceased *Mother*

## CAUSES OF DEATH

How long

Primary *Heart & Pneumonia**2 Wks*

Immediate

*exhaustion*

How long

*1 day*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

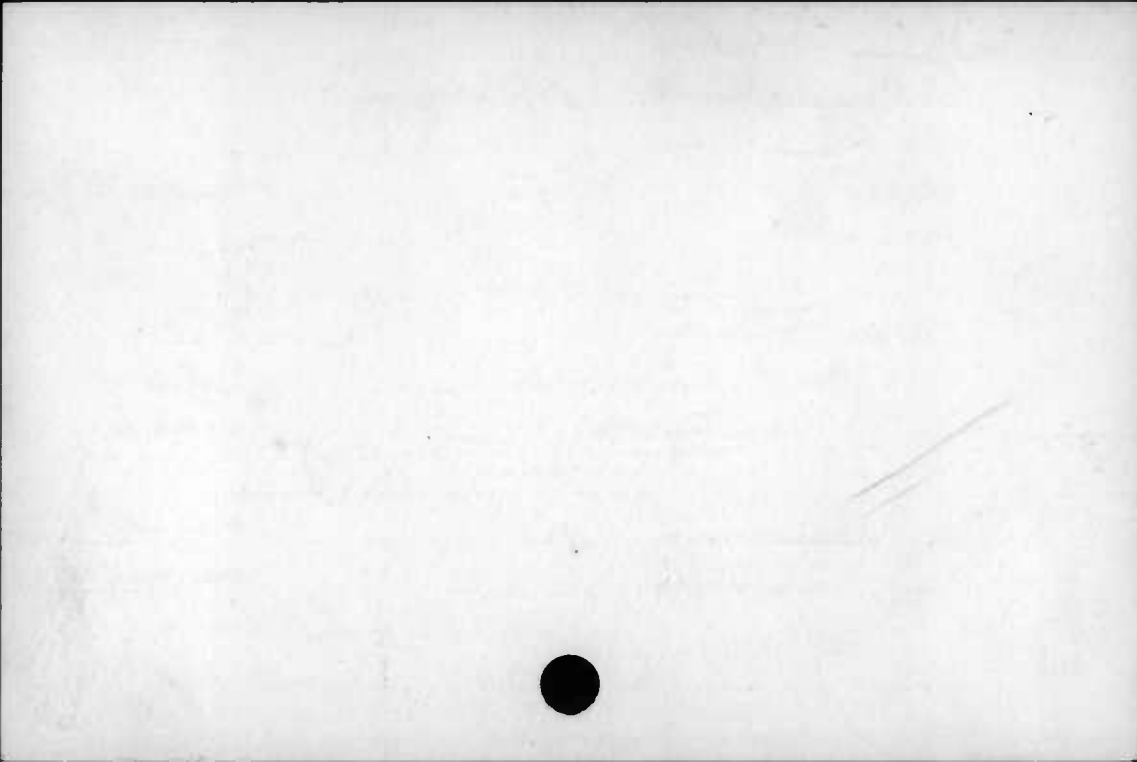
Signature of Physician

Address

*Dr. H. Broadus M.*  
*Cumberland*  
*Md.*

Accident or Suicide?

*No.*



Name  
in  
Full

William Tyson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

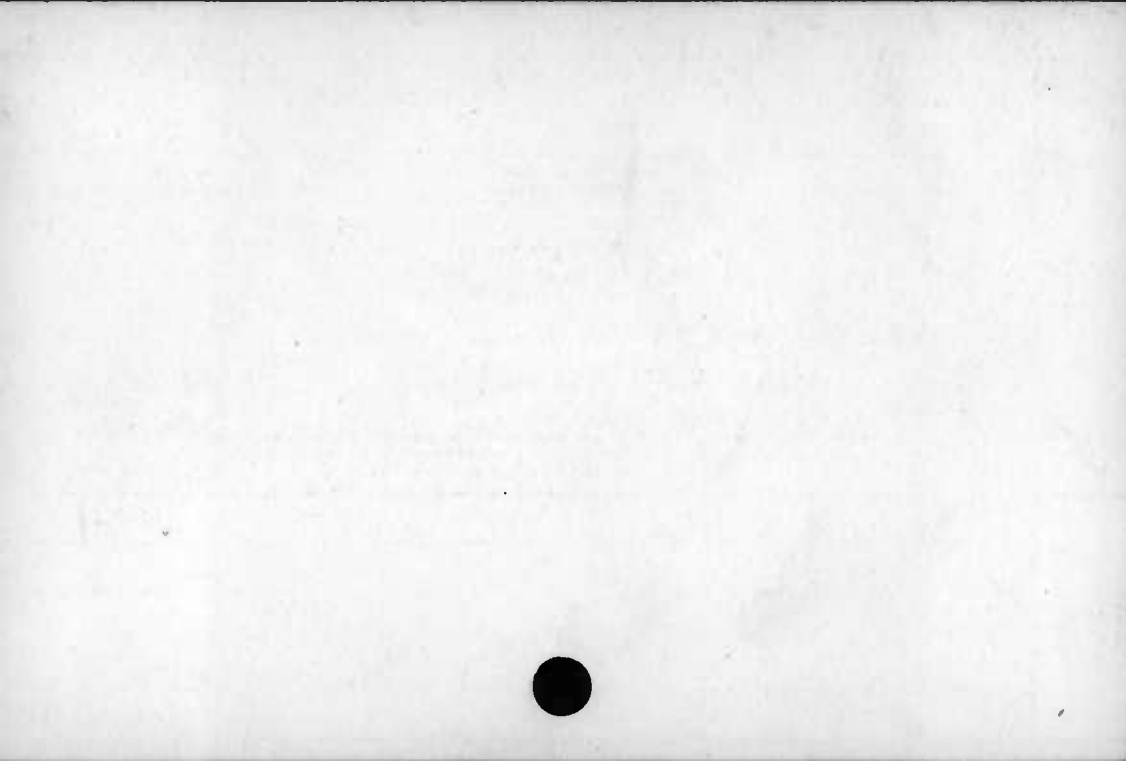
Died at <i>S. Cumberland</i>		Town <i>Allegheny</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>20</i>	Age <i>1</i>	Years <i>1</i>	Months <i>5</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Magnolia W. Va.</i>				
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>				
Father's Name <i>Wm Tyson</i>			Father's Birthplace <i>W Va</i>				
Mother's Maiden Name <i>Rosa Albright</i>			Mother's Birthplace <i>W Va</i>				
Name of person giving information <i>Wm Tyson</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one wk</i>
Immediate <i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. F. L. Owens</i>
<i>9</i>	Address <i>Cumberland</i>
Accident or Suicide? <i>_____</i>	<i>hid</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Vanhorne</i>		Town <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND									
Died at <i>Cumtland</i>		Date of death <i>1908</i>		Month <i>Apr</i>		Day <i>22</i>		Age <i>26</i>		Years <i>11</i>		Months <i>11</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtland</i>											
Occupation <i>Blank</i>		Where Residing if not at place of death <i>—</i>													
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Katie Vanhorne</i>													
Father's Name <i>John Vanhorne</i>		Father's Birthplace <i>W. Va</i>													
Mother's Maiden Name <i>Mary Lavelle</i>		Mother's Birthplace <i>Ireland</i>													
Name of person giving Information <i>Mrs Wm C. C. C.</i>		How related to deceased <i>Sister</i>													

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Pulm. Tuberculosis</i>	How long <i>2 1/2 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Harris</i>
<i>Steen</i>	Address <i>Cumtland</i>
Accident or Suicide?	<i>Maryland</i>

- shu

Name in Full		Certificate of Death							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Years	
		Sex		Color or Race		Birthplace		Months	
		Occupation		Where Residing if not at place of death				Days	
		Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name		Mother's Maiden Name		Name of person giving information		Father's Birthplace	
								Mother's Birthplace	
								How related to deceased	
		CAUSES OF DEATH						(27)	
		Primary						How long	
		Immediate						How long	
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician	
		Address							
		Accident or Suicide?							

/ / / / / / / /

13 - 6  
18  
24

Name  
in  
Full

CERTIFICATE OF DEATH

Mary Lucretia Wilson

MARYLAND

Town Cowden County Allegheny  
Died at  
Date of death 1908 11 28 15 11 —  
Sex Female Color or Race White Birth-place Allegheny Co  
Occupation School Girl Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None  
Father's Name Robert C. Wilson Father's Birthplace Allegheny Co Md  
Mother's Maiden Name Lilly Stotler Mother's Birthplace Allegheny Co Md  
Name of person giving information R. C. Wilson How related to deceased Father

CAUSES OF DEATH

How long One week  
How long Three days

Primary Measles  
Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

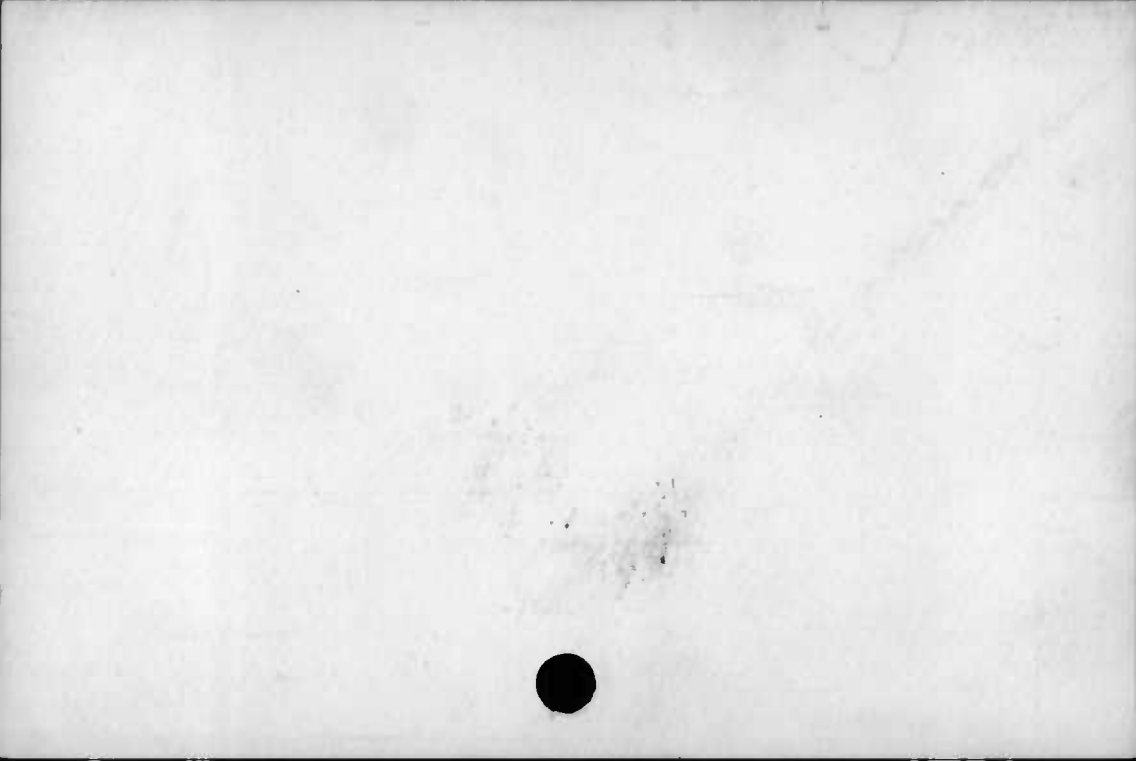
Address

A. J. Duke  
Chilblaine Md

Accident or Suicide —

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary C. Winfield,</i>		Town <i>Cumtland</i>		County <i>Allegh.</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1908 April 12</i>		<i>7</i>		<i>3</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumtland</i>					
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>George N. Winfield.</i>		Father's Birthplace <i>Cumtland</i>							
Mother's Maiden Name <i>Annie Houser.</i>		Mother's Birthplace <i>Cumtland.</i>							
Name of person giving information <i>George N. Winfield</i>		How related to deceased <i>Father.</i>							

## CAUSES OF DEATH

**6**PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>two weeks</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Scrub. J. J.</i>	
Signature of Physician <i>John H. H. H.</i>	
Address <i>Cumtland, Pa.</i>	
Accident or Suicide? <i>—</i>	

01/70/10



Name  
in  
Full

Frederick Wolfe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

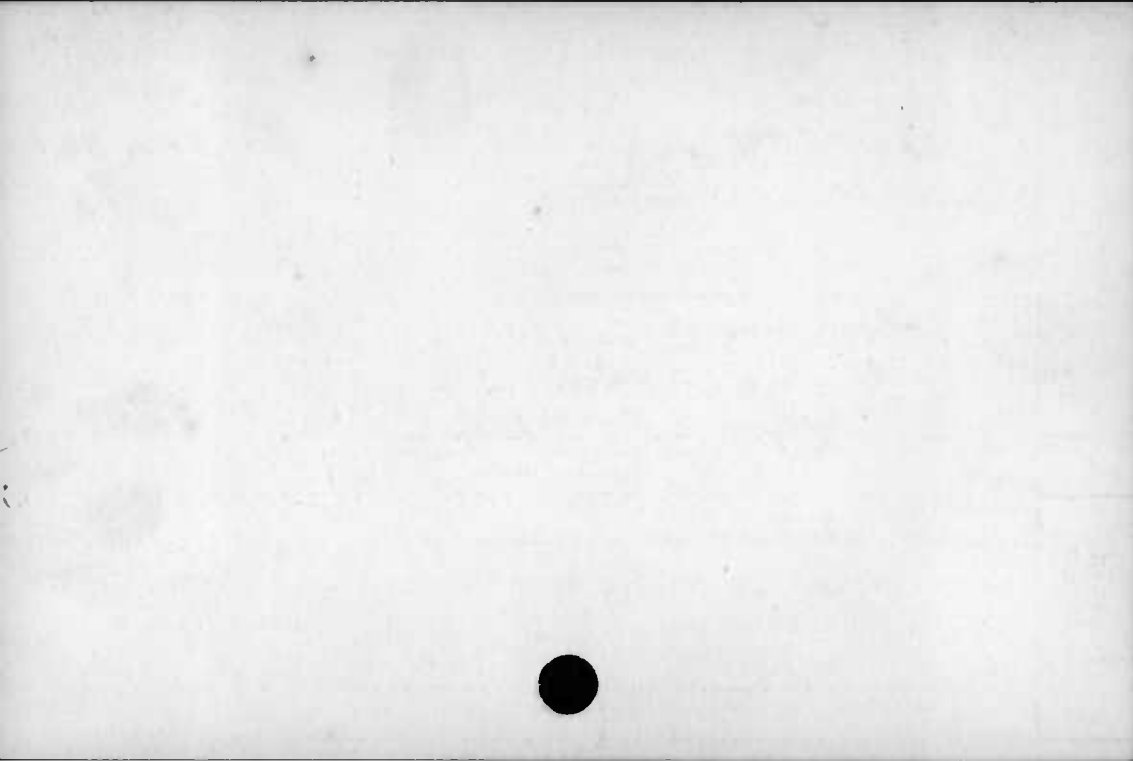
Died at <i>Cambridge</i>		Town		County <i>Allegany</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>7</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Mt Savage</i>				
Occupation <i>---</i>			Where Residing if not at place of death <i>---</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>					
Father's Name <i>Frederick Wolfe</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Katie Schaefer</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Frederick Wolfe</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5-6 days</i>
Immediate <i>&amp; hemorrhage</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. H. Tracy</i>
<i>Tracy</i>	Address <i>Ketchikan, Alaska</i>
Accident or Suicide?	<i>Yes</i>



Name  
in  
Full

Tottie May Woods

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

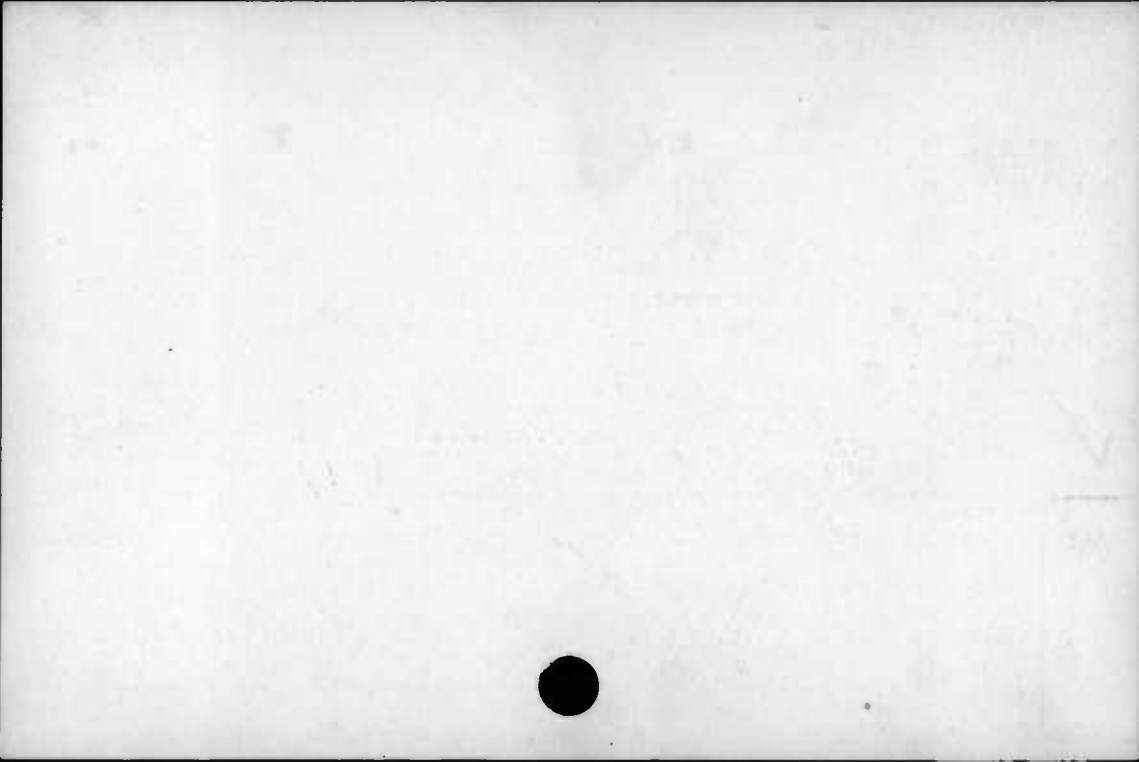
Died at <sup>Town</sup> Cumberland		<sup>County</sup> Allegany		MARYLAND	
Date of death 1908	Month April	Day 11	Age 4	Years 7	Months 10
Sex Female	Color or Race white	Birth-place R Md			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name John Woods		Father's Birthplace Va			
Mother's Maiden Name Annie Foster		Mother's Birthplace Va			
Name of person giving information John Woods		How related to deceased		Father	

CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	3 days
Immediate	Toxaemia & exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C L Owens M D	
yes		Address Cumberland Md	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Died at

Stephen Zakradk

Town

County

MARYLAND

Date

of death 1908

Month

April

Day

24

Age

Years

1

Months

9

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Ind

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Parents Zakradk

Father's  
Birthplace

Bohemian

Mother's  
Maiden Name

Mary Newburg

Mother's  
Birthplace

Bohemian

Name of person giving  
In formation

Sam Zakradk

How related  
to deceased

Brother

CAUSES OF DEATH

6

Primary

Measles & Pneumonia

How long

1 week

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr. L. B. Brundage

Address

Cornell St Ind

Accident or Suicide?

no

Berodding

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

